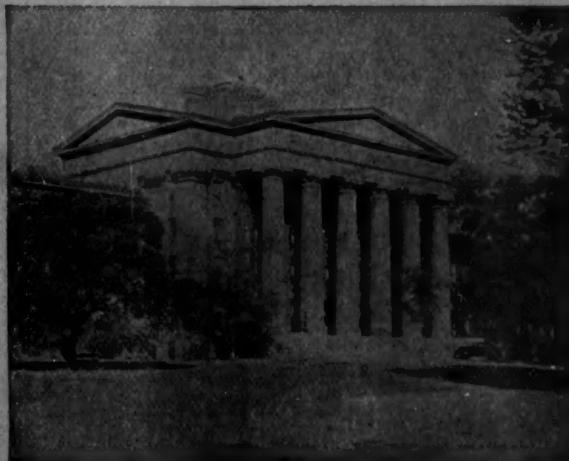


The PSYCHIATRIC QUARTERLY SUPPLEMENT

ISSUED TWICE YEARLY IN JANUARY AND JULY



UTICA STATE HOSPITAL CENTENNIAL NUMBER

Part I. Scientific Papers, Conference Minutes, News

Part II. Centennial of Utica State Hospital

PUBLISHED BY THE STATE HOSPITALS PRESS
UTICA, N. Y.

VOL. 17

JANUARY, 1943

No. 1

THE PSYCHIATRIC QUARTERLY SUPPLEMENT

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PUBLISHED BY AUTHORITY OF THE
NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE
DR. WILLIAM J. TIFFANY, *Commissioner*

The Psychiatric Quarterly Supplement, formerly published as a section of the State Hospital Quarterly, is the official organ of the New York State Department of Mental Hygiene.

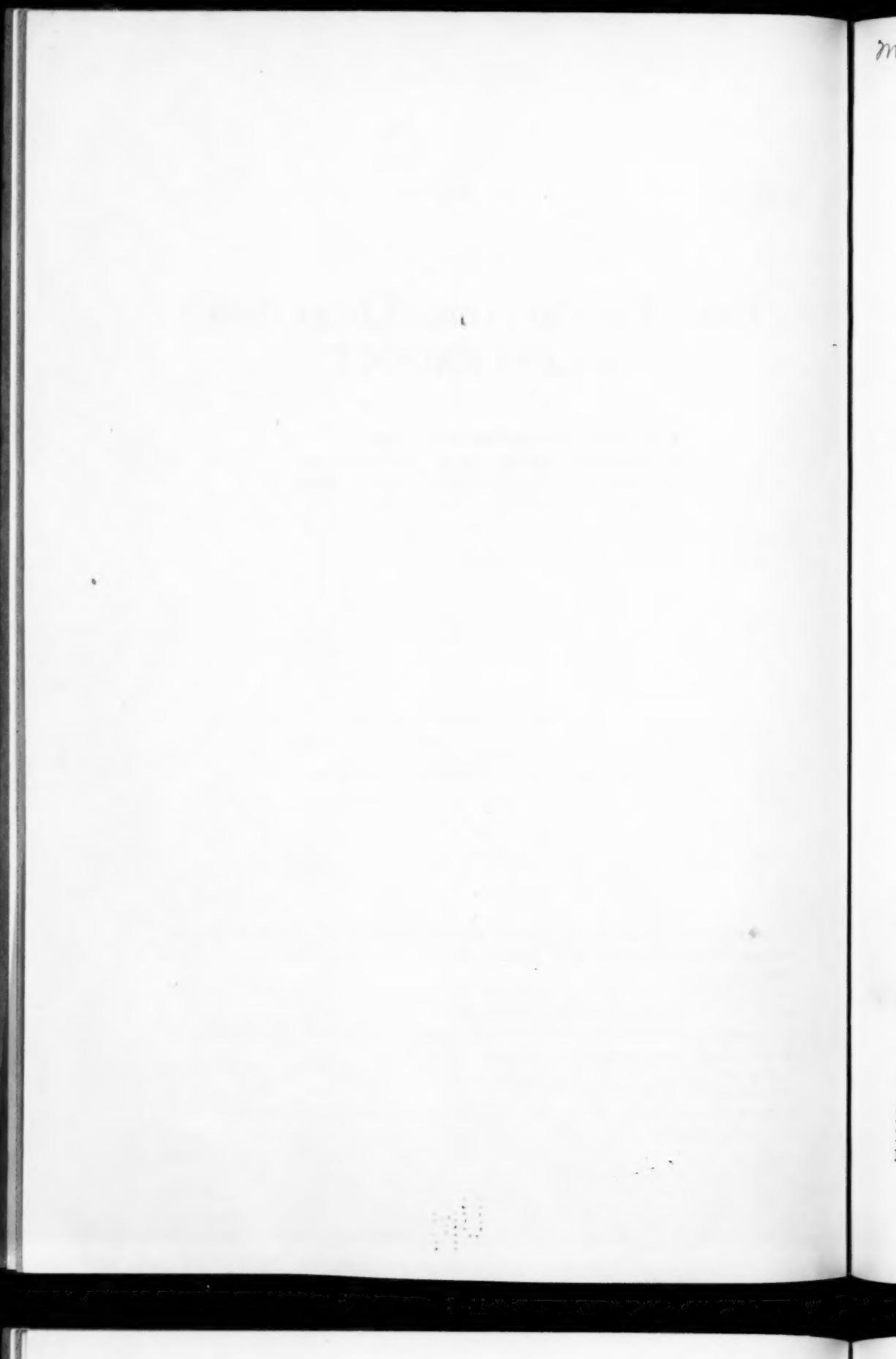
It is published in two numbers yearly—in January and July. Annual subscription rate, \$1.00 in U. S. and its possessions; \$1.25 elsewhere.

Editorial communications and exchanges should be addressed to the editor, Dr. Richard H. Hutchings, Utica State Hospital, Utica, N. Y.

Business communications, remittances and subscriptions should be addressed to the State Hospitals Press, Utica, N. Y.

Entered as second-class matter April 17, 1917, at the postoffice at Utica, N. Y., under the Act of March 3, 1879.

*Now absent on military service.



Medical Lit.

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EMOTIONAL NEEDS AS THEY AFFECT A PATIENT'S LEVEL OF ADJUSTMENT

BY MINNA FIELD

The question of employment adjustment following a period of hospitalization is one which frequently confronts a psychiatric social worker in a hospital setup. Finding the right job for a particular individual is not an easy task at best. It becomes even more difficult when a patient is discharged from a mental hospital, since the lay attitude toward such patients is what it is. Organized employment resources in the community—in their present stage of development—are frequently inadequate for the task, and the social worker's initiative and skill in discovering employment possibilities are often called into play. Understanding the patient's needs and the satisfactions he seeks in a job are of great help in this arduous task. In the course of the hospital stay, psychiatric and social studies have been made. This body of information gives a knowledge not only of the patient's assets, his skills, abilities, potentialities, strengths, weaknesses and psychopathological symptoms but of his pattern of behavior, his reactions to his life experiences and the value these experiences have had for him. How can this understanding be best utilized to find a job which would give to the patient those satisfactions which he needs and without which, it is fair to assume, he could not hold the job? How can the understanding of his life patterns be utilized to help determine whether case work skills can provide the satisfactions he seeks?

Perhaps an analysis of a case will help to clarify what the patterns and needs were in one instance, what efforts were made to provide the satisfactions which seemed indicated through a job placement, what efforts were made to understand why the placement could not meet these needs and to see the level of the patient's subsequent adjustment as reflecting the patient's inner problem and as reflecting the limitations inherent in any case work program in meeting such severe emotional deprivations.

Margaret came to the New York State Psychiatric Institute and Hospital at the age of 34 following a year of progressive depression. She felt hopeless, lacked initiative, lost interest in her personal appearance and was seclusive.

As her life history is reviewed, there is a picture of bleak unhappiness and extreme deprivation. Margaret was aware that she was an illegitimate child and suspected that her father had colored blood. Since the mother refused to tell her who the father was, referring to the incident as one of "youthful folly," this became an area of extreme conflict. Margaret re-

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members her childhood as one devoid of affection and filled with strife and resentment. When Margaret was about seven, her mother married, and the bringing into the family group of a reserved, cold step-father and the subsequent arrival of step-siblings, whom both the mother and step-father favored, did little to help the situation. As Margaret grew older, she began to realize that not only did her mother never accept responsibility for her, but, on the contrary, demanded financial support from her. Margaret is seen trying to adjust to this difficult situation and to win the mother's approval by being docile and obedient as a child and later, at the age of 14, going out to work and dutifully turning over her earnings to her mother. When Margaret was in her twenties, the step-father had deserted the family for some time. The mother became infatuated with a man 15 years her junior and, to make it possible for this man to live with her, she told Margaret to leave the home and shift for herself. Since that time, there has been little contact between the two, except when the paramour left the mother and Margaret once more shouldered the financial responsibility.

Working from the age of 14, Margaret acquired some skill in novelty making and millinery. During the summers, she worked as a waitress in summer resorts. There is inadequate information about her adjustment on the job, but it is known that she did not remain at any one job for any length of time, that she was easily dissatisfied and resented the way her employers treated her. It is fully apparent that her frequent changes were due not to lack of skill or ability, but to the fact that she was not able to find in the jobs the satisfactions she was looking for.

Margaret had friends of both sexes, but her relationships with men were never happy ones. She fell in love on several occasions, but the men involved were—for one reason or another—never able to consider marriage. In 1938, the man to whom she was engaged, informed her that he would not be able to marry her because of responsibilities to his own mother. This depressed her considerably. Shortly after this, she lost her job, had difficulty in finding another one and for a while had to depend upon friends for room and board. She felt her dependency keenly, and felt guilty about taking food from them, because, although willing to aid her, they were not well off financially. This, as she herself put it, "broke the camel's back" and led to her hospitalization.

One predominant thread can be seen running through all these experiences. Margaret had met with rejection in all her attempts at affectional relationships. Throughout her life, in her relationships to her mother, her friends and her employers, an attempt can be seen to expect more than the normal situation was likely to offer. Emotionally, she remained an infant and expected from all those with whom she came in contact the all-pervad-

ing, all-encompassing warmth and protection she had missed in her early years. Because of this need, she was unable to accept what help was being given by her friends.

During Margaret's stay at the hospital, the mother continued to show nothing but antagonism. She visited seldom, and that only as a matter of duty. She expressed openly her disgust with the patient, spoke of her having been vain and selfish since childhood, hoped that the hospital would keep Margaret indefinitely and made it clear that there was no place for the patient in her home. Any attempt to discuss plans for Margaret following her discharge met with complete lack of response. It was evident that the prospect of discharge was a threat to the mother. Margaret was a constant reminder of her past mistake and—as such—was to be kept in the background. Furthermore, the mother was living with and being supported by her youngest son, "my pet, the smartest of the lot." From this setup, wherein the son spoke of his mother as "my best girl," Margaret, the intruder, was to be kept out.

Although Margaret freely expressed her resentment to her mother and showed good understanding of the reasons for the mother's rejection of her, she, nevertheless, continued to crave for some evidence of affection. When she first came to the hospital, this expressed itself in demands that the mother visit her and bring her gifts. As Margaret's condition improved, the demands for material things decreased. She realized that, to the mother, visiting and doing things for her was nothing but a burden. Yet Margaret's need for some token of affection was so great that she hoped the mother would make at least the gesture of offering her a home. Knowing that she would not accept such an offer, the daughter wanted at least the satisfaction of refusing it.

Margaret was referred to the social service department four months after her admission. She was greatly improved as a result of treatment, her depression had lifted; she was alert, sociable, active, and congenial with other patients. She was to be discharged within a short time and needed a job and a place to live. Because of the mother's rigid, unyielding and rejecting attitude, it was evident that it would be necessary to plan with the patient directly for an independent life.

The social worker was able to alleviate, to some extent, Margaret's feeling of bewilderment at the prospect of leaving the sheltered environment of the hospital to face life outside. After a short time, the patient began to plan with the worker as to what her next step was to be.

In discussing employment possibilities, she minimized her skills and felt that what she would really want to do would be to obtain employment as a domestic outside New York City. She gave, as her reason for this choice,

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her fear of the hustle and bustle of the city. Allowing for the reality of some of this fear, it was evident that other, more deeply seated reasons were at the root of Margaret's decision. In choosing for her immediate future a position in someone else's home, the patient removed herself from the threat of rebuff implied in the mother's refusal to offer her a home. She was actually saying to her mother, "I do not have to depend upon you, I have a home."

Margaret, in speaking about the kind of job she wanted, said that she wanted employment with people who would understand her difficulties and not expect too much, because she was still not very strong. In other words, she asked for understanding and sympathy, the two elements she missed in her life experience.

It was evident that, in this case, the usual community resources would be quite inadequate in meeting the needs Margaret presented. It was only through personal contacts that the worker was able to interest a prospective employer. He recognized Margaret's assets, she was attractive, neat in her appearance, friendly, with a ready smile and seemed to want to work and to please. He recognized her difficulties and was willing to make allowances so as to insure as satisfactory an adjustment as possible. It was recognized from the beginning that the chances for a permanent, satisfactory adjustment were slim, but it was felt that the experience could be made a constructive one and that it would at least serve as a first step to an independent life.

In her new position, Margaret recreated her need for a home. She identified herself closely with her employers, was proud of their home, spoke enthusiastically about it, and invited worker and friends to visit her. However, she was unable to accept—even partly—the employer-employee relationship, though it was made as informal as possible, because her need was to have the employers as parent substitutes. Even an extremely understanding employer could not provide the love and affection which Margaret craved. After a while, it became evident that the situation could not continue indefinitely. In terminating the experiment it was felt important to keep in mind Margaret's emotional needs. It would have been disastrous for her to feel that she was being discharged. When the attempt to get Margaret to express some dissatisfaction with the job and a desire for change failed, the termination was based on the fact that she had demonstrated her ability to hold a job and was now ready for work more suited to her abilities. With the money she had earned, she could find a room for herself and no longer needed to fear dependence upon her mother. She accepted this well, made the worker's reasoning her own and appeared to face

the world with a little more self-confidence. Her major problem, however, her need for affection and security still remained.

Realizing the value of social contacts, the worker took advantage of the period of employment, when Margaret's self-confidence was at its height, to encourage resumption of contacts interrupted by the period of illness. She was encouraged to discuss her needs for social contacts and companionship and, with the worker's help, got up enough courage to make contacts with her old friends. She was even able to communicate with her old "boy friend," of whose interest she was sure, realizing that she could continue to profit by his companionship, even though marriage could not be the ultimate goal. Margaret showed embarrassment about making contact with an aunt who had been kind to her in the past, because she felt guilty about having neglected her for so long. She asked that the worker help her with the first step, and communication with the aunt was established. This aunt, a sister of Margaret's mother, strongly disapproved of the mother's mode of life and was genuinely fond of, and sorry for, Margaret, who, she felt, had never had a chance. Margaret's need for warmth and affection was stressed by the worker; and to this, the aunt responded readily. Though she was unable to make a home for Margaret, she was eager to help and volunteered to "mother" her.

When Margaret was left without employment, both the aunt and the "boy friend" expressed their willingness to help. In spite of Margaret's assurances that she would like to get a job, she makes little effort in that direction and has not been employed since she left her position as a domestic. The aunt and the "boy friend" ascribe Margaret's unemployment to hard luck and general economic conditions, and beyond occasionally urging her to look for employment, are apparently satisfied to continue their assistance.

In the present situation, Margaret has at least found something approaching the security she had always sought. She is dependent, she is getting support without doing anything to earn it. To her this means love, with the aunt and the man in the rôles of parent substitutes.

This raises the question as to what level of adjustment can we hope to help a patient achieve through social service contacts. With the diagnosis of schizophrenia originally made and with the life pattern of reaction to severe early deprivations, would it be justifiable to think of Margaret's present level of adjustment as satisfactory, considering her limitations? It is evident that any further attempts to get her to look for a job or to find for her, a job, which she would be unable to hold, would assume that she was expected to give up the infantile joy of dependence for the more mature satisfactions of an independent life. But Margaret has never been a mature person, and she is not mature now.

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As better understanding was gained, through work with Margaret, of her reactions to life experiences it was realized that employment and a self-supporting existence as goals were not realistic. With a modified goal in mind, it can be seen that social service contact was effective in providing for Margaret what was to her a satisfactory work experience and in helping her to establish a social setting in which she can function in the community without further recourse to symptoms which might lead to hospitalization.

Social Service Department
New York State Psychiatric Institute and Hospital
New York, N. Y.

OCCUPATIONAL THERAPY WITH PATIENTS RECEIVING INSULIN TREATMENT

BY MILDRED KOCH GARRISON, O. T. R.

This paper is a discussion of what evaluation may be placed on observations which were made on patients' reactions in occupational therapy during the course of insulin shock treatment. In these observations, an attempt was made to discount the skill the patient possessed and the quality of the article he made, since these factors were found in many cases to be dependent upon vocation prior to illness. There will be discussion as well of the progress made by patients in their reactions to occupational therapy and the correlation of this progress with the clinical progress reported by the psychiatrist in charge of insulin therapy.

Schizophrenia is said to represent one of the most important medical and social problems facing the medical profession at the present time. This disorder usually occurs either during late adolescence and early adult life or during the fourth decade. The disease has comparatively little effect on the life span of the individual; and until recently, it has shown very little response to any method of treatment. Statistics reveal that approximately one bed out of every four in all the hospitals in the country, including general hospitals, children's hospitals, maternity hospitals, and tuberculosis sanatoria, is occupied by a patient suffering with schizophrenia.¹

The recent use of insulin and metrazol has provided a means of treating successfully a relatively high percentage of cases. It has been generally reported that the possibility of a cure is greatly influenced by the duration of the disease, and it is held that if the disease is diagnosed within a year of the onset of symptoms, the majority of cases will respond to treatment.

Treatment with insulin, according to Sakel, who first used it, "consists essentially of the production of consecutive daily shocks with high doses of insulin. These occasionally provoke epileptic seizures but more frequently produce somnolence or coma accompanied by profuse perspiration. The patient may show sudden improvement after the first shock but more often there is a gradual improvement after a series of shocks."²

Glueck states: "More so even than formerly, experience with the insulin therapy has demonstrated the great significance for the destiny of the schizophrenic of his hereditary background and so called constitutional make up. Perhaps in the final analysis this is still the most determining factor, since the outcome of the struggle between the forces which pull the patient in the direction of illness, and those which as a result of the therapy force him to an emergence from the illness, depends in the final analysis upon the

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individual's capacity for mastering instincts and impulses on one hand and environmental life vicissitudes on the other hand. Of great significance also are the conditions under which the patient is obliged to work out his convalescence. Recovery from a biochemical approach ordinarily takes place without an adequate personal preparation of the patient for such an event, in contrast to what takes place in connection with the psychological form of therapy. The patient therefore is much more vulnerable to certain deleterious influences than he would be if he had been gradually prepared to meet the issues of a normal life. Some of the relapses which we have encountered might definitely have been avoided had not our enthusiasm over the recovery of a patient, who had been given up as hopeless, led us to an unjustifiable degree of indifference concerning the condition of the patient's convalescence."²⁸

Thus it seems advisable to include occupational with other forms of therapy in the treatment of patients receiving shock treatment.

The occupational therapist should be familiar with the effects of insulin therapy on the patient. It is necessary to observe the patient closely so that the slightest change in behavior or appearance may be detected. A patient may have a "late coma," become dizzy, confused or somnolent. Sugar should always be kept on hand in order to administer sugar water if an emergency occurs. It has been observed that patients are more alert and that their desire to work is greater, the longer they have been out of the comatose condition. It has also been observed that patients having coma terminated by 11 a. m. are at their best after the evening meal; thus it would seem advisable to have their occupational therapy period in the later part of the afternoon. Patients' powers of attention, concentration, and perception may change from day to day.

The equipment used in the occupational therapy shop is the same as that used for schizophrenic patients who are not receiving insulin shock therapy. Projects requiring various degrees of skill should be used. The strain produced by insulin treatment on the cardiovascular system causes the patient to tire more readily than other patients having the same symptoms. For this group, large projects are not undertaken or projects requiring much strength.

As the chief aim of occupational therapy in a mental hospital is socializing the patient, the patients work in a group, preferably on a group project. One project which is very adaptable to the needs of these patients is making carved wooden book ends with metal bases. When finished, the book-ends are used in the hospital library.

It may be stated here that only male patients are receiving insulin therapy at the present time at Bellevue Hospital. The set-up of the shop, the

type of materials and the tools used are shown to the new patient. After that, he is told that he may make an article for the hospital, or that he may make an article for himself for the cost of the material, or that he may assist another patient.

The work of sawing wood or cutting or hammering metal is given to patients needing the most activity; sanding jobs to the stuporous patient, who must often be assisted by the therapist in pushing the sand block; designing of book-ends to patients possessing creative ability and to those wishing to express any fantasy. The tracing of designs on book-ends is work for the nearly normal patient, also for the patient preferring light work and for those patients who wish to help others. Carving of the design is a job for the more nearly normal patient; staining and shellacking for the less active patient and for patients who think they cannot do any craft work. Most patients in this group do not make decisions for themselves and usually need to be activated by the therapist. If a patient expresses a wish to make a special project, he is allowed to do so. Boats have been found to be a favorite choice.

Other crafts, such as weaving and leather work, were tried. These crafts do not offer so much variety nor can they be so easily adapted to the changes in the patients' conditions as those mentioned earlier.

Occupational therapy has been included in the program of the patients receiving insulin treatments at Bellevue Hospital since March, 1940. During the period of March, 1940, to May, 1941, 46 patients receiving 30 or more shock treatments attended occupational therapy. The onsets of illness ranged from six weeks to three years, the average being 18 months. The average patient was hospitalized for three months. Records of the reactions of the patients of this group to occupational therapy were kept; and a report of the observations made by the therapist will now be discussed.

In evaluating patients' reactions to occupational therapy certain objective phenomena of a behavioristic type must be recorded for each patient in a uniform manner. In the writer's opinion, the following are important: (1) approach to work on entering the shop; (2) initiative displayed; (3) perseverance and concentration exhibited. Observations for these attitudes were made on all patients on their third visits and weekly thereafter.

In making observations on patients' approach to work on entering the shop—a matter which the writer considers most important—the following method is used. Projects, which the patients have previously started* are placed on the table, and the cabinets containing tools, paints, sandpaper, etc., are unlocked. As the patients enter the shop, they are greeted and told their work is on the table. At this point, the therapist observes whether the patient obtains his projects, gets the necessary equipment and begins his

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work; or whether he waits for work to be presented to him. If the patient does not obtain his own work, note is made of whether he works when a project and tools are presented to him. If he does not work when a project is presented, the question is whether he works when encouraged, urged, or prodded or whether all methods used lead to failure in activating the patient.

Next, initiative displayed by each patient is observed. If a patient has his work, the question is whether he gets necessary equipment and proceeds with obvious steps without assistance or directions, or whether he must be directed by the therapist. It is also observed and recorded that certain patients are unable to proceed even though they receive almost constant directions.

On the third attitude to be studied, that is the perseverance and concentration exhibited, the patient is observed as to whether he works uninterruptedly for the whole period, whether he works intermittently or whether he definitely refuses to continue working the full period.

It should be mentioned at this point that there are some overlapping observations; for example, the patient whose work must be presented to him is much less likely to show perseverance than one who obtains his work and proceeds without directions. It must be remembered also that the patient who cannot be activated has this fact as the only observation about him on any of the attitudes.

FOUR GROUP CLASSIFICATIONS

On the bases of these observations, each patient was classified in one of four groups. These groupings were recorded weekly, with patients sometimes remaining in the class in which they started and in other cases progressing. The classes were determined as follows:

Class Number One

Approach to work on entering the shop: The patient who obtains work for himself.

Initiative displayed: The patient proceeds without assistance or directions.

Perseverance and concentration exhibited: The patient works uninterruptedly for the whole period.

Class Number Two

Approach to work on entering the shop: The patient must have work presented to him.

Initiative displayed: The patient requires directions by the therapist.

Perseverance and concentration exhibited: The patient works intermittently during the whole period.

Class Number Three

Approach to work on entering the shop: The patient must have work presented and be urged to accept it.

Initiative displayed: The patient requires considerable direction by the therapist.

Perseverance and concentration exhibited: The patient definitely refuses to continue work.

Class Number Four

This class consists of those patients who cannot be activated.

CLINICAL PROGRESS CLASSIFICATIONS

The progress of these patients in occupational therapy was compared with the clinical progress, records of which were obtained from Dr. Walter Goldfarb, who was in charge of the treatments for this group of patients. The classification in use at the Bellevue Psychiatric Hospital is as follows:

1. Complete recovery with full capacity for return to former work and no ascertainable defect.
2. Social recovery with capacity for work and without definite psychotic symptoms, but with some ascertainable defect on examination.
3. Improved cases, in some cases fit for discharge and with capacity for simple work, but with definite psychotic symptoms.
4. Unimproved or only slightly improved.⁴

By means of the classification of clinical progress and the classification used in occupational therapy the progress of the 46 patients studied here may be indicated by the table.

"A" represents the patient's classification on admission to occupational therapy.

"D" represents the patient's classification on discharge from occupational therapy.

"C" represents the patient's clinical state on discharge from the hospital.

The coefficient of correlation between the progress of the patients' reaction to occupational therapy and the patients' clinical progress is $.578 \pm .067$.

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TABLE

	Class 1	Class 2	Class 3	Class 4*
1	A D C			
2	A D C			
3	A D C			
4	A D C			
5	A D C			
6	A D C			
7	A D C			
8	A D C			
9	A D C			
10	A D	C		
11	A D	C		
12	D C	A		
13	D C		A	
14	D C		A	
15	D C	A		
16	C	A D		
17	C	D		A
18	D	C		A
19	D		A C	
20	D	C		A
21	C		D	A
22	D		A	C
23		A D C		
24		A D C		
25		D C		A
26		D C	A	
27		D C	A	
28		D	C	A
29		D		A C
30		D		A C
31		C	D	A
32		C	D	A
33		D		A C
34		D		A C
35		C		A D
36		D	C	A
37		D	C	A
38			D C	A
39			D C	A
40			D C	A
41			D C	A

TABLE—(Continued)

	Class 1	Class 2	Class 3	Class 4*
42			D C	A
43				A D C
44				A D C
45				A D C
46				A D C
Total	11 A 19 D 16 C	5 A 14 D 12 C	6 A 8 D 9 C	24 A 5 D 9 C

*In reference to "C," condition on discharges, the column headings should be understood as reading: Class 1, "complete recovery;" Class 2, "social recovery;" Class 3, "improved cases;" Class 4, "unimproved or only slightly improved."

ACKNOWLEDGMENT

The author would like to acknowledge her appreciation of the assistance she has received from Dr. Walter Goldfarb, Bellevue Psychiatric Hospital, in the preparation of this paper.

Bellevue Psychiatric Hospital
New York, N. Y.

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FAMILY CARE AT MIDDLETOWN STATE HOMEOPATHIC HOSPITAL

BY MAYSIE T. OSBORNE

Family care at Middletown State Homeopathic Hospital is now in its seventh year, and this article is written in the hope that it may show something of life as it now goes on in the boarding homes.

It is a far cry from the noisy and crowded wards of the hospital to the peaceful villages and the nearby farms where so many patients are living amid the lovely hills of Delaware County. The people there are honest and forthright, their homes are comfortable, and the patients enjoy to the fullest extent normal family life.

The hospital was compelled to go far afield for most of its homes, as people in and around Middletown were not interested in taking patients into their homes. When the project first started \$4 a week was the rate of board paid for each patient; and when the social worker mentioned this, people looked pityingly at her as though they thought the State hospital was the place where she rightly belonged.

The growth of family care has been slow and at times disheartening. It has meant long hours of work, long drives with carsick patients, some of whom had never been in an automobile before, and there has been difficulty in finding patients who were suitable to be placed so far away from the hospital. But as one looks back across the years, weighing successes and failures, it is felt that family care has brought happiness into the lives of many patients and that it possesses great possibilities for the future.

Family care is at long last on a firm financial basis, as funds are now definitely allocated for that purpose. The rate of board has been raised to \$6 a week, and applications for patients are now coming in from families who have formerly taken summer boarders. The homes used are comfortably furnished, have modern conveniences and are well adapted to caring for the patients.

All homes are carefully investigated by the social workers, and while it is preferred to have homes equipped with electricity, bathrooms and furnaces, more stress has been laid upon the character of the applicants and their standing in the community. In many homes, it has been possible to watch with interest the improvements which have gradually been made, such as new wall paper, linoleums, electric refrigerators, and modern plumbing and heating.

The number of patients in each home has been limited to six, and they form a very real part of the family circle. They take care of their own rooms; some of the women help with the dishwashing and the dusting; while the men do light chores about the farms. However, there are some patients

who are too deteriorated to perform even these simple tasks, and this type of patient requires a great deal of supervision on the part of the house mother as well as patience and understanding.

The hospital's first patients in Delaware County were placed in an exceptionally good home owned by a couple who had formerly worked on the wards of this hospital. The patients were carefully chosen and they adjusted well to their new lives. Soon, applications began to come in from others living in the neighborhood of this first home.

The family care patients enter freely into the community life and are welcome at the various social events which are held from time to time. The women have waited on the table at church and grange suppers, and have attended meetings of the Ladies Aid Society. One woman—who had been an accomplished musician prior to her commitment to this hospital—for some time played the organ each Sunday morning at church services in one small village. Another woman taught a Sunday school class made up of small boys and girls, and was so successful that she received a present of a set of costume jewelry from the Sunday school superintendent. A spinster of uncertain age, her heart was set to fluttering when she began to imagine that one of the deacons of the church was falling for her charms. She took to writing endearing little notes and tucked them here and there, hoping he might find them. As a result her church career came to a most untimely end.

One of the women patients spent the long winter days piecing a bed quilt. When it was finished, the Ladies Aid Society of the local church planned an old-time quilting bee. Many and intricate were the stitches that went into the quilt; and when it was completed, the ladies served a supper in the home. It was enjoyed by all the patients. As for the quilt, it is a thing of beauty and is proudly displayed to all visitors to the home.

In many homes, birthdays are celebrated in the traditional manner. There is a cake with candles, and, as a special treat, ice cream for supper. One house mother asked for the dates of all her patients' birthdays so that none might be forgotten.

At Christmas time, the Christmas spirit is everywhere. At the hospital the social workers have been busy tying up sweaters, socks, stockings, neckties, tobacco, pipes, cigarettes and candy in packages with gay wrappings and a Christmas card on every one. As they start on their rounds, they might be mistaken for old Saint Nicholas himself, as the gifts are placed in separate sacks and the station wagon is piled high with a sack for every home. In almost every home, stands a Christmas tree, resplendent in its glory, adorned with lights and ornaments, and bearing gifts for the patients from members of the family. In one small town, members of the 4H Club

had brought a box of homemade candy for each patient in the home. In another village, the local chapter of the Red Cross had sent candy and tobacco to all the homes. The hospital gifts were added to the store and placed beneath the Christmas tree to be distributed on Christmas morning. Many of the homes were decorated with ground pine which the patients had gathered in the woods and fashioned into wreaths. In the kitchens, all was stir and bustle; and a visit to the larders showed turkeys, hens and fat geese waiting only to be stuffed and roasted for the feast on Christmas day. The pantry shelves were laden with mince pies and Christmas puddings and it seemed as if each house mother was trying to outdo the other in providing a Merry Christmas for her patients. As the social workers walked across the starlit fields that winter night, they talked of the great mystery of life, of the broken homes, the hopes laid low, and felt for many of the patients this would be the happiest Christmas they had known in years.

Each patient receives 25 cents each week for spending money; and many and varied are the ways in which this money is spent. Most of the men spend their quarters for tobacco and for an occasional haircut; but some of them cut each others hair and in this way save their money for other things. The women spend hours looking over the catalogues from the mail order houses and save until they have enough to send away for knitted underwear, for they scorn the heavy underwear which the State provides. Some of them buy material by the yard which they fashion into slips and night-dresses. One woman saved and saved until she was able to purchase a girdle which is now her most prized possession. These purchases represent much self-sacrifice as many of our patients miss the movies which they attended every week here at the hospital. In one home, a woman who is a deaf mute discovered that the manager of the local movie house was a cousin of a cousin of hers; and she obtained passes, not only for herself but for all the other five women in the home.

The patients look forward to the visits of the physician and the social workers, especially if they do not come empty handed, and they gather around in a state of suppressed excitement when new clothing is being given out. A year ago, the women patients received, for their very best, exceptionally smart looking silk dresses which were purchased ready made; tailored shirtwaist frocks and figured silks which brought joy to their hearts, for many of them had never owned such dresses in all their lives. The patients' everyday dresses are made in the sewing room at the hospital of pretty ginghams and percales cut from special patterns; and all the women have rayon stockings, and shoes bought in the open market; for the aim is to have them make a good appearance and not wear clothing which might in any way stamp them as coming from a State hospital.

In one home where there are six women patients, a box containing a dozen hats was placed on the living room table. Twelve hands reached out to grab, and there was such shoving and pushing that it was like a crowd of women at a bargain sale. One of the women ran for a mirror, and hats were tried on over and over before choices were made. One woman with auburn hair picked a hat of flaming red and only after much persuasion said she "guessed brown was more refined-like to wear to church." One little old lady, as usual bedecked with many strings of beads, her fingers adorned with rings from the five and dime store, tried on all the hats. Such preening before the mirror was never seen, and her final choice was a rakish black turban which she perched jauntily over one eye, insisting meanwhile that a red feather and a rhinestone pin must be transferred to it from another hat. Another woman looked her hat over lovingly, then brought it to the social worker saying she did wish she might have it for her very own but knew she could never afford to buy anything quite so grand. The hats arrived just in time, for all the patients were going to a parade in town that afternoon; and as they walked down the village street attired in all their finery, their heads were carried high.

In another home, a man is making a jewel case in the form of a chest of drawers. The workmanship is very fine, as the case is fashioned from a piece of old mahogany inlaid with designs cut from pearl buttons given him by the house mother. He was a cabinet-maker before coming to the hospital and is a clever craftsman. He has also refinished an old cherry drop leaf table of which he is very proud. He makes flower boxes, too, from pieces of wood salvaged from the family wood pile and hopes to find a market for some of these, as they are covered with bark and rather artistic. He hears voices and responds at times, shouting loudly; but the house mother has become accustomed to this, and the neighbors think he is singing at his work, so all goes well. In this same house lives Pete, fat and jolly and full of Irish wit. Each afternoon he awaits the arrival of a patient from a nearby home who "walks him down the avenue."

Several patients from the continued treatment wards have been placed in homes. Dire were the predictions made by the ward personnel when they were taken out to board. They have been out of the hospital now for over a year, and the improvement they have made is outstanding. On a recent visit, one woman brought out a cake she had baked and also announced that she had milked six cows that morning. She showed the social worker a pair of silk stockings and a silk slip given her by the house mother as a reward for her work. This same house mother takes all her patients to the movies in a nearby town once each month at her own expense. At the recent party in Shavertown, all of her patients arrived wearing new brown and white

sport shoes which she had given them because they had helped so well with work about the place.

A man who has been boarding out for several years is ever on the lookout to earn a little money. He picked beans, worked about the village store and ran errands until he had saved a tidy sum. He wanted to go to the World's Fair, and, as he had relatives in New York City with whom he could stay, permission was granted to make the trip. Some sport clothes which had been donated to the Social Service Department had been given to him; and as he started out for a free ride to New York on a truck taking in cauliflower, he looked as if he were off for a round of golf at the country club. He stayed three days at the fair and no one ever saw more or had a better time. The visit ended, he made the return trip on an empty truck. When the long winter evenings come, he dresses up and walks a mile to a home where three women patients are boarding; and many are the hotly contested pinochle games which go on there. The house mother joins the playing.

In another home, lives a man who had been in the hospital 42 years. He was tried in three different homes and has now been out of the hospital for over six years. He returned to the hospital from one home after a short stay as he could not live with a "nagging woman." This home was across the road from a cemetery where he spent most of his time sitting on a tombstone writing melancholy verse. His head is filled with strange ideas and for everyone he has a name—bird, animal or insect. For years, the Social Service Department consisted of the osprey and the eagle. Just why they should be classed as birds of prey they never knew, but now the young assistant is a gentle little wren. This patient writes voluminous letters, neatly sewed together like a book, in which he says the Middletown State Hospital is the nearest approach to Heaven he has ever known; but when the workers suggest he might return, he says they are cruel and wicked women who would rejoice to see him back in such an evil place.

For months, there was a search for a home for colored patients. Finally one was found that is well furnished and owned by an unusually intelligent colored woman. Five women are living there at present, as happy as can be. At first, one sat all day with her head bowed down, but she has learned to wash the dishes and as she carefully dries them, gay with colored flowers, she holds them up for the social workers to see. One patient, who was first to be placed in the home, resented the arrival of the others and said that everything would go along all right if the social workers would just stay away and "quit their debblin'." Recently, the house mother took all five of her patients to pay a call on her former employer for whom she had worked as a domestic for many years. The patients enjoyed going

through the attractive home and visited with their hostess, who later told the social worker they behaved like ladies and that she was sending each one a handbag for Christmas.

Week-end guests from the city had come for a visit with another family. The weather was very warm and the men went about wearing shorts. The following morning one patient astonished the family by appearing for breakfast clad in his B. V. D.'s.

The recreational facilities in the rural areas are somewhat limited so the workers have provided all the homes with playing cards, checker boards and dominoes. Nearly every home has a radio; and patients are supplied with magazines which are given to the social workers by their friends. Not long ago, some 30 books were gathered and utilized as a circulating library, moved in groups of six from home to home.

A real effort is being made to increase occupational therapy in the homes. With this end in view, the chief therapist has been taken to all the homes, and work has been assigned to many patients. Material is taken out by the social workers, and the finished work is returned.

An opportunity to parole a patient is never lost sight of, and the social workers have obtained jobs for several men. One man who has only one arm is an expert in caponizing, and he went to Staten Island to work on a chicken farm; another went to Connecticut where he is working about a large estate. The workers placed one as a handy man in an inn where he is proving himself invaluable; and still another is caring for the livestock on a place in Rockland County. Most of the women patients are too old or too deteriorated to be able to take jobs; but the workers have succeeded in obtaining old age assistance for two of them.

The great social event to which all the patients look forward is the picnic which is held each summer. In 1941, because of rain, the picnic was held in the village hall in Shavertown and it proved to be the most enjoyable one the hospital has ever had. The food was brought from the hospital; and hot dogs, rolls, pies, ice cream, watermelon, cracker jack and coffee were the order of the day. Not only the patients but members of the families with whom they were living were invited; and 120 guests were present. One of the women patients played the piano, a man patient played the banjo, and everyone sang and danced to their hearts' content. Young and old joined in a Virginia Reel; and the ancient hall echoed to happy laughter. At 5 p. m., the party ended and the guests returned to their homes, tired but happy and with something to talk over for many a long day to come.

But the writer must not paint too rosy a picture of the Middletown hospital's boarding homes, for quarrels sometimes occur; differences have to be

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settled which have arisen between the house mothers and their patients; and some patients have been tried in three or four homes before they have been able to get along. Two men patients shared a room, and for a time all went well. Then they had an argument; and one vowed within himself that he would get even with the other. It was his task to make the beds, and that night his erstwhile friend retired as usual, only to have his bed come crashing down. A day or so later, this man's Sunday suit was found neatly slashed in several places. The other patient admitted he had done these things deliberately, and he was returned to the hospital. Then the workers listened to a tale of woe. By scrimping and saving and going without smoking, he had saved his quarters until he had \$11.50. This, he had carefully buried in a tin can on the mountain back of the house. He was so upset at the time of leaving the home that he never once thought of his buried treasure. He drew a map for the social worker, marking each rock showing just where the money lay, covered over with leaves and grass. On the worker's next visit, the entire family, including the patients, started up the mountain on the treasure hunt. But alas! All the rocks looked alike; and though there was searching and digging on bended knee, the can never was found, and all that wealth still lies buried on that hill.

There was consternation in another home. Jakey, whose poor feet are as twisted as the thoughts which fill his head, had disappeared. He had been gone all day and all night. When last seen, he was talking with an ancient mountaineer who every now and then came down an old wood road driving an ox hitched to a two-wheeled cart. No car could ever make that rocky trail, so in a driving rain the Middletown physician climbed that mountain and found the patient sitting near the fire in an old shack having decided that he wanted to live with the mountaineer and his wife. It was learned later that she had been a patient in one of the State hospitals.

And so life goes on in the boarding homes. We may leave our friends happy and contented there and go forward strong in the belief that family care has come to stay and that it will grow and prosper in the years which lie ahead.

Middletown State Homeopathic Hospital
Middletown, N. Y.

REVIEW OF RESEARCH WORK OF THE PSYCHIATRIC INSTITUTE DURING 1942*

BY NOLAN D. C. LEWIS, M. D., DIRECTOR

As in former years, the staff of the Institute has endeavored to select carefully its problems for intensive study. In a field characterized by so many difficulties and in which most of the experimental techniques applicable to other branches of medicine are not suitable without considerable modification for attacking its problems, the choice of procedures may not always have been a happy one. However, the Institute's laboratories and clinics have maintained the spirit of investigation and have done their work in accordance with the best traditions of research and psychiatric practice.

The present review does not permit anything like a complete account of the activities of individual workers, or any detailed description of the problems investigated and their far-reaching significance in contributing toward the solution of several important mental disorders.

I. To start with what has been of prime interest throughout the country, namely "shock" therapy: At the Institute a special attempt has been made to evaluate the electric shock method. Various clinical groups were treated, including patients with schizophrenia, psychotic depressions of several types, including manic-depressions and involutional varieties, and psychoneuroses with depression features. The results leave little doubt as to the efficacy of this treatment in psychotic depression reactions, but it will require considerably more experience before one will be ready to make a like statement regarding the results in the psychoneuroses.

Regarding the treatment of schizophrenia—with the type of cases treated at the Institute and the method as utilized there, the results have not been encouraging. The percentage of good remissions has not been high as compared with that obtained in the affective disorders. The Institute's results with schizophrenia are at variance with some of those reported from other hospitals where good remissions have been reported for schizophrenic patients with short durations of illness. The reasons for these discrepancies are not obvious as yet, but the matter is under investigation. The followup clinic on all patients who have previously received any form of shock therapy has been active throughout the year, utilizing psychiatric and social service observations, electroencephalography, and other examinations as indicated.

The brains of monkeys, subjected to long series of seizures electrically induced, have been studied for evidence of pathological effects. The findings

*Presented before the Quarterly Conference at the New York State Psychiatric Institute and Hospital, New York, December 19, 1942.

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were negative—in contrast to the reports of other workers who have described nerve cell changes, neuroglial alterations and hemorrhages. A paper was presented on this subject at the Chicago meeting of the American Neurological Association last spring (1942).

The classical insulin therapy has been administered to selected patients, and the ambulatory insulin therapy as a long term method has yielded some gratifying results, but additional experience is necessary before venturing a pronouncement on the extent of its application.

The insulin shock therapy department has been reorganized, and a new method of studying patients, before, during and after treatment, should help to clarify some of the controversial opinions that have been expressed about this treatment.

II. Genetic Research: An arrangement with Dr. John H. Travis, superintendent of the Manhattan State Hospital, made it possible to have Dr. Franz Kallmann devote full time to the work in genetics. Twin and family studies on the significance of genetic and other constitutional factors in various types of mental disorders, tuberculosis and sexual anomalies were continued throughout the year. The total number of twin pairs under observation has been enlarged by about 300 sets, making the present available material for analysis more than 1,600 sets of twins. Some special aspects of this work are indicated by the following titles of publications and special reports made at medical society meetings: "The Twin Study Method and Its Application in Medical Genetics;" "The Heredo-Constitutional Mechanisms of Predisposition and Resistance to Schizophrenia;" "Atypical Psychotic Syndromes in a Twin Pair of Opposite Sex;" "Twin Studies on the Heredo-Constitutional Variability of Tuberculosis;" and "Clinical and Genetic Aspects of Eunuchoidism."

III. Electroencephalographic Research: A large number of electroencephalographic records have been made during the year on in-patients, outpatients and animals in the investigation of the patterns in various mental disorders, changes associated with electric shock therapy in actively hallucinating states; in children's disorders, convulsive states, in delinquency and in experimentally produced chronic Jacksonian seizures in monkeys.

IV. Dr. Herman de Jong, who was sent to us by the Rockefeller Foundation, in collaboration with the department of psychology developed a small, portable nerve-stimulator which makes possible the rapid single-handed testing of peripheral nerves. A paper dealing with this instrument will appear in the *Journal of the American Medical Association*; and its value in war neurology and surgery is of utmost importance. While here, Dr. de Jong was interested in studying certain aspects of emotional expression in cats subjected to bulboeapnix. Drawings of these animals were

made by Miss Ethel Chase, the artist at the Institute. It should be mentioned here that we are attempting to develop a new method of research in the clinical field by combining the talents and intuitional capacities of the artist, with basic scientific knowledge of the psychiatrist, forming a technical procedure which portrays the activity going on within the patient as expressed in his facial tensions, changes in attitude, position and tension of the hands, etc. The practical value of this is that it may aid greatly in enhancing the more or less static descriptions of patients as stated verbally in psychiatric reports and in cases where verbal description is often difficult to accomplish satisfactorily.

V. An important study has been made in biochemistry of the behavior of lipids during autolysis of tissues. This is a continuation of work that has been going on at the Institute for some time, in collaboration with workers in some other laboratories. It was shown that although a considerable part of the phospholipids of liver is destroyed during autolysis, the remainder is concentrated like cholesterol. Similar processes could not be demonstrated in the brain; the result provides another instance of the relative stability of the nervous tissue. A study has also been made of the changes in the blood serum following electric shock therapy. A marked increase in the cholesterol concentration occurred consistently in a number of the patients, immediately after shock of the grand mal type. Since it seemed unlikely that such large quantities of cholesterol could be added to the blood so rapidly, serum protein determinations were also carried out before and after shock, and it was found that the concentration of the protein increased to almost exactly the same extent as did that of cholesterol. The only reasonable interpretation is that a rapid dehydration of the blood takes place. These changes were not observed following seizures of the petit mal type; on the contrary, a decrease in cholesterol concentration usually occurred. The findings gave a clue to fundamental physiological processes resulting from electric shock and they suggest several lines of investigation both in patients and in experimental animals. This and eight other studies of neurochemical significance are described in greater detail in the annual report. It is felt that the Institute is now taking a leading part in the development of that neglected but important science, neurochemistry.

VI. In the department of internal medicine, several endocrine studies dealing with problems of maturation, sex differences, physical constitution, special functions of the thyroid and adrenal glands are in progress. Several different studies on the physiological effects of insulin metabolism and therapy of the myopathies and on an acetylcholine convulsant therapy have been carried out. Through the cooperation of the superintendent of Letchworth Village and his staff, a collaborative research on the effect of

certain food factors on the mental state of a group of defective patients is under way.

VII. In the department of bacteriology, recurrent convulsive seizures have been produced in monkeys by a single application to the motor area of the brain of discs containing various active immunologic and chemical preparations such as egg white, specific antigen-antibody precipitates, typhoid vaccine and hydrous oxides of aluminum. The seizures induced were either typically Jacksonian in nature or generalized and usually lasted one-half to two minutes. During unilateral seizures the attack was confined to the muscle groups on the side of the body contralateral to the treated cerebral hemisphere. Seizures occurred either spontaneously, or were induced by external stimuli, and could be elicited in the same animal for periods varying from several months to more than one year. In addition to contributing to the immediate knowledge of convulsions these studies have opened up many questions and lines for further investigation. In fact the experiments have been carried on to higher types than the Rhesus monkeys, and success in producing chronic recurrent convulsive seizures in the African green monkey and the baboon, has already been achieved. The chimpanzee would seem to be the next experimental animal indicated.

A very interesting study on brain antibodies is also under way. These substances have not been reported in any other animal than the rabbit, so an attempt is being made to produce them in other species and to detect their presence by a more delicate method than has been heretofore used.

VIII. Among more than 20 studies on neuropathological problems that have engaged the department of neuropathology, one can mention here only a few. Of special interest are the experimental studies in vitamin E deficiencies. For 18 months, material has been collected pertaining to rats deprived of vitamin E. Neuropathological investigations are carried on at the present moment to clarify the controversial question of the importance of vitamin E deficiencies in establishing a muscular dystrophy or an actual damage of the central nervous system, the muscular lesions being only secondary to the involvement of the central nervous system, or of the importance of deficiencies in establishing damage to both the muscular and nervous tissues.

Experimental studies in vitamin K deficiencies have brought results in the sense that vitamin K deficiencies were obtained in mammals, and a number of the animals under experiment have disclosed the presence of massive or punctate hemorrhages in the central nervous system. This result was obtained through the addition of 5 or 10 per cent mineral oil to the diet deficient in vitamin K.

Experiments are carried on tending to establish the importance of essential amino acids in the development and normal preservation of the nervous system. At the present time, diets deficient in tryptophane, lysine and valine, three essential amino acids, are being investigated. It is hoped, with the use of fine neuropathological techniques, to detect the presence of any pathological changes of the central nervous system related to the deficiency of the mentioned amino acids.

A new and rapid combined method for staining myelin sheaths and fat has been devised by Dr. Roizin. The application of this method will save time in neuropathologic technique and will allow a combined study of the myelin disintegration and of fat products of degeneration. A report on this method was published in the October, 1942, issue of the *Journal of Neuropathology and Experimental Neurology*.

IX. The results of the study of the psychosexual development of epileptic, cardiac, orthopedic and spastic, handicapped women, carried on by the department of psychology, have been published in book form under the title of "Personality and Sexuality of the Physically Handicapped Woman." This investigation and publication was made possible through the support of the National Research Council. It was part of a series of studies of the rôle of sex in personality which have been carried out during the past eight years.

Test material was developed to measure individual differences in the field of perception as that field is disturbed by psychotic states. It is known that there is a tendency to see certain fragmentary and incomplete material as whole visual pictures or figures and that this tendency varies among psychiatric patients. A series of such pictures was prepared, and investigation is now being made. Previous studies with brain-injured individuals have shown marked differences in this sort of performance, and it is hoped that the research will shed light on the organic factors which may be present in psychotic states.

The department has initiated a series of investigations in the field of volition and will. Changes in behavior and mental life involving will have been commented upon by clinicians for many years. Other than the investigations which were made in Germany by Ach and by Popelreuter very little has been done during the past 25 years in the way of systematic investigation. It is felt that such research will add to the knowledge of the mental processes of patients and may also have therapeutic implications.

The loss of memory following electric shock treatment has been investigated by the departments of psychology and research psychiatry during the past two years. It has been found that the concept of memory itself must be analyzed into its proper components before the changes in memory can be understood. Four recognizable and measurable aspects of memory func-

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tion were investigated. First, recall, in which the patient has no cues whatever to aid his memory; second, recall when some previous association is presented; third, recognition when a group of material is presented, only one member of which was previously part of the patient's experience; and fourth, relearning material which had been learned before the electric shock treatment.

The results indicate that practically all forms of recall are completely obliterated by the therapy, whereas recognition is affected very little. Relearning of material previously learned takes as long after shock as it did before shock. Since this relearning is usually thought to depend upon recognition, and since study at the Institute has shown that recognition is not greatly disturbed, the investigators were forced to change their explanation of the basic mental disturbance brought about by the electric shock and they now believe that memory traces are not wiped out by the therapy but that they are disorganized and show interference with each other in the relearning processes.

The results indicate that the effect of the shock on memory is transient; and after treatment is completed, the patients do as well or even better in learning new material than they did before treatment.

Research investigations directed towards making the Rorschach procedure more objective and standardized have been continued. Scales have been drawn up for standardizing the scoring of the various factors which are of importance in personality diagnosis. Standard scales for graphological analysis have also been drawn up and used in personality study.

Dr. Carney Landis was asked to direct a research project for the committee on selection and training of aircraft pilots of the National Research Council during the past year. He has also served as a consultant specialist to the National Defense Research Committee.

X. Dentistry Research: A new micro-chemical method for the analysis of fluorine has been developed and applied to various problems including the analysis of salivary specimens. This problem was begun at the Guggenheim Dental Clinic.

Studies on the properties and adaptability of various synthetic resins for use as a dental cementing medium for acrylies and orthodontic bands are also under way.

In conjunction with the department of orthodontics, Columbia University, a survey of the adaptability of methods of electrodeposition of metals for use as orthodontic models—with particular emphasis on the development of an elastic, electroconductive impression material—has been made.

Another study is being made of the rapidity of adjustment of patients under psychiatric treatment to dental situations. It was observed that gen-

erally, with the exception of a very few patients who "refuse" treatment, the patients are more cooperative over a short period of time than those outside the Institute and in other hospitals.

XI. In social service, some interesting projects have been under way, including a followup study of discharged children with primary behavior disorders, and similar post-hospital work on patients treated by the shock therapies and on selected twin cases.

Thirty-eight special papers, most of them still unpublished, have been given by the staff of the Institute before medical and social organizations; and 58 publications, several of them monographs and books, have appeared during the year.

Many members of the staff have engaged in teaching as usual during the year, in the undergraduate courses for medical students, in postgraduate courses in neurology and psychiatry, in various lectures for nurses and social workers, and in highly specialized short courses. With the accelerated program of the medical school in full force, it should be emphasized that the teaching load has been greatly enlarged and now constitutes a real major continuous activity for all concerned. It constitutes one of the Institute's main contributions to the war program.

In spite of the loss of many men to the armed forces, the Institute has been able to keep its staff large enough to take care of the work fairly satisfactorily. However, the coming months of warfare may deplete the staff to the extent that the next year's record of research will be much less opulent than the present one.

New York State Psychiatric Institute and Hospital
New York, N. Y.

GENETIC MECHANISMS IN RESISTANCE TO TUBERCULOSIS*

BY FRANZ J. KALLMANN, M. D.

The idea of the significance of constitutional factors in resistance to tuberculosis is almost as old as medicine itself. It was Hippocrates who first described a particular constitutional type with susceptibility to tuberculous disease, the phthisic habitus, in persons of slender, angular physique. In the following centuries up to the beginning of the bacteriological era, many similar constitutional theories were developed to account for the frequent accumulation of tuberculous cases in certain families. As late as the 1890's, a distinction was still made by the school of Riffel between tuberculosis as an infectious disease and general consumption, which was ascribed to an inherited weakness of constitution and lung tissues.

Following Koch's discovery of the tubercle bacillus, however, constitutional theories were more and more forgotten, in the study of tuberculosis as well as in other provinces of medicine including psychiatry. Although some constitutional research managed to survive by retreating to the field of general anthropometric investigation, the fundamental concepts of constitution remained in a deplorable state of obscurity until they were reinforced by modern medical genetics and thereby were founded on accurate genetic principles.

Meanwhile, the medical profession has been satisfied with the knowledge that tuberculosis is an infectious disease caused by a special micro-organism and widely modified by any environmental conditions, epidemiologic and socio-economic, which may influence infections in a given population. It has been noticed, of course, that there are consistent differences in tuberculosis morbidity and mortality among various racial groups, and innumerable case histories have been recorded which fail to reveal a tangible source of infection, even if careful inquiries are made under relatively controlled conditions. There is also the common experience that exposure to infection, although definitely important in the causation of the disease, often does not suffice to produce active tuberculosis. In particular, the marriage partners of tuberculous patients frequently show no tendency to develop a clinically evident disease, despite most intimate and prolonged exposure; and, in mental institutions, it has been observed again and again that the tuberculosis mortality rates of schizophrenics considerably exceed those of any other group of mental patients.

The correct analysis of these findings has been difficult because of the intricate interplay of genetic and non-genetic factors, an interplay which apparently determines variable resistance to tuberculosis. It may also be

*Read at the Quarterly Conference at the New York State Psychiatric Institute and Hospital, New York, December 19, 1942.

admitted that no one of these various clinical observations has by itself been sufficiently conclusive to substantiate a clearly genetic theory. The belief has persisted, therefore, that all variations in human tuberculosis are due to differences either in the mode and intensity of infection or in the environmental conditions of the persons exposed to infection.

However, a definite modification of this concept is necessary in the light of recent data obtained by experimental methods, especially in view of findings observed in animal experiments and twin studies. There may be certain objections to a direct comparison between the pathogenetic conditions of spontaneous human infections and those artificial infections produced in inbred animal stocks. To some extent one may also be justified in questioning whether the twin study method may be classified as "experimental," since it is a natural phenomenon rather than human ingenuity which provides in twins an opportunity to analyze the relative effects of heredity and environment. Unquestionably, however, the results obtained by the different methods of approach in twin studies and animal experimentation correspond perfectly in demonstrating the significance of heredo-constitutional factors in the determination of variable resistance to tuberculous disease.

Among the animal experiments it is Lurie's* work in inbred rabbit stocks which demonstrates most clearly that the resistance of animals to naturally or artificially acquired tuberculosis is basically controlled by their genetic constitution, although it may be overwhelmed by large doses of tubercle bacilli. Consistent inbreeding of ordinary rabbits led to the development of three distinct family groups; namely, a highly resistant family displaying a localized, chronic, ulcerative form of pulmonary tuberculosis analogous to the human reinfection type; several non-resistant families with rapidly progressive, primary, generalized disease; and some moderately resistant families showing various intermediate forms of the disease. The main variant in the type of tuberculosis developed by these three different family groups has been seen in the extent of localization of the infection at the portal of entry.

Whether Lurie is correct in suggesting that hereditary resistance to tuberculosis in rabbits depends on the interaction of numerous determinants, the general genetic significance of his experimental findings would be indisputable if similar inherited variations in resistance to tuberculosis could be shown to exist in spontaneous human infection. In order to obtain this essential information, the only experimental method available in man is the twin study method, which indicates the operation of genetic factors in the

*Lurie, Max B.: *Heredity, Constitution and Tuberculosis. An Experimental Study.* Supplement to the *American Review of Tuberculosis.* Vol. XLIV, No. 3, 1941.

etiology of morbid traits if—in the absence of consistent dissimilarities in environmental conditions—an intra-pair difference in morbidity is found to be significantly greater for two-egg than for one-egg twin pairs. The statistical evidence of such a definite difference in human tuberculosis rates between the two categories of twin partners of unselected index cases has been procured as one of the results of the Psychiatric Institute's survey of tuberculous twins, which was carried out in collaboration with Dr. David Reisner of the City of New York Department of Health and with the active cooperation of the tuberculosis hospitals and clinics in the State and City of New York.

The findings of this survey on reinfection tuberculosis were first presented at the annual meeting of the National Tuberculosis Association in 1942* and will soon be published in the American Review of Tuberculosis in more detail. It may, therefore, be sufficient to give here a summary of the main data as obtained from an unselected series of 308 complete twin families, consisting of 616 twin partners with 930 full siblings, 74 half-siblings, 688 parents, and 226 marriage partners of twin patients.

The differences in the age distribution of these 2,534 persons and a corresponding general population were corrected by the use of the Abridged Weinberg Method. The need of such a statistical correction is evident in a survey which requires comparison of morbidity rather than mortality figures. The resulting morbidity rates are average expectancy figures valid for persons above the principal period of manifestation, which in reinfection tuberculosis was assumed by the present investigators to extend from the age of 15 to 29.

Regardless of whether the corrected or uncorrected morbidity figures are taken into account, they clearly indicate by their consistent group differences that the chance of developing tuberculosis increases in strict proportion to the degree of blood relationship to a tuberculous index case. The respective rates amount to 1.08 and 1.37 per cent in a comparable general population; 6.2 and 7.1 per cent in the marriage partners; 10.5 and 12.9 per cent in the half-siblings; 16.6 and 16.9 per cent in the parents; 18.9 and 25.5 per cent in the full siblings; 18.3 and 25.6 per cent in the dizygotic co-twins. The highest morbidity figures (61.5 and 87.3 per cent, respectively) are found in the monozygotic twin partners, that is, in the category of consanguinity implying homozygosity for the given genotype. Their corrected concordance rate expresses the chance for a contact case that is genetically identical with a tuberculous index case and has survived the age of 29 to develop active tuberculosis.

*Kallmann, Franz J., and Reisner, David: Twin Studies on the Heredo-constitutional Variability of Tuberculosis. Transactions of the Thirty-eighth Annual Meeting of the National Tuberculosis Association, 1942.

Various findings exclude the possibility that the striking difference in morbidity between one-egg and two-egg co-twins might be sufficiently explained by factors other than genetic. The concordance rate for the dizygotic twins corresponds closely with the morbidity rate for the full siblings and shows a distinct difference only from the rates for the other sibship groups. The morbidity rate for the husbands and wives of the twin patients is half-way between those for the general population and the half-siblings, although the contact of husbands and wives with the index cases may be assumed to be far more intimate than that of the half-siblings. In fact, exposure alone may not account for the total difference between general average expectation and the morbidity rate of 7.1 per cent for the marriage partners, since marriage to a tuberculous patient statistically represents a definite selective factor with reference to the probability of being affected by the same disease.

Additional evidence against a simple correlation between closeness of blood relationship and increasing similarity in environment, with correspondingly intensified opportunity for infection, is obtained by an analysis of the distribution of exposure in the two groups of co-twins. For instance, 31.5 per cent of the monozygotic pairs are concordant without known exposure of the co-twins, while 73.4 per cent of the dizygotic twin partners are discordant, despite known exposure either to an index case or to another family member.

That it is a genetic mechanism which modifies individual resistance to tuberculosis is demonstrated most clearly if the similarities in extent and outcome of the disease are taken as the criteria of comparison. In comparing the co-twin groups with clinically satisfactory and clinically unsatisfactory resistance, that is, the co-twins who developed either mild forms of tuberculosis with subsequent arrest of the disease or no tuberculosis at all in spite of definite exposure and the co-twins who developed far advanced or fatal cases of tuberculosis, a difference is obtained between monozygotic and dizygotic twins which far exceeds that found in their original morbidity rates: namely, a difference between a ratio of 2:16 and a ratio of 2:1. Besides, the chance of dying from tuberculosis is practically zero for a tuberculous patient who is the monozygotic twin of, or genetically identical with, a person who remains free of tuberculosis despite definite exposure to infection; but the chance of dying is 1 to 4, if he is merely his sibling or dizygotic twin, which means that he is as likely to differ in the inherited elements which determine satisfactory resistance as are two brothers or sisters.

It is also significant that a definitely increased intra-pair similarity in one-egg twins is demonstrable with regard to other clinical aspects of the disease. Not infrequently in monozygotic pairs, for instance, concordance extends to striking similarities in age at disease onset or in type and localiza-

tion of the lesion, while such complete concordance has not been observed by the investigators in dizygotic sets.

Another interesting finding is the correlation between constitutional type of physique and the individual ability or inability to resist tuberculous disease. Whenever twin pairs are found to be concordant, they tend to be alike in their variations of the asthenic and athletic components of physique and, therefore, in the capacity or incapacity of their mesodermal tissue elements to develop protective and compensatory reactions to the pathologic effects of the tubercle bacillus. Conversely, there is a tendency in discordant and dizygotic pairs to be dissimilar in somatotype to an extent which the investigators have not seen in any concordant set, the difference always being in favor of the twin who remains free of the disease or shows a relatively more favorable clinical course if he does develop it.

In attempting to determine the morphological basis for deficient resistance in typically asthenic persons, evidence is found of a functional inadequacy of the system now generally considered the seat of the somatic defense mechanisms, namely, the reticulo-endothelial system, and of the phagocytic blood and tissue cells originating from this system. There are various observations showing that the effects of a constitutional weakness in the mesodermal elements, as characteristic of the variants of asthenic physique, include the inability to form antibodies and antitoxins, as well as certain deficiencies in phagocytic and proliferative processes. The reticulo-endothelial cells distinguished by an active phagocytosis of the tubercle bacillus and other particulate matter are the monocytes which are identical with cells previously termed mononuclear leucocyte, histiocyte, clasmacyte or endotheliocyte.

The significance of inherited variations in the ability of the monocytes to inhibit the growth of tubercle bacilli has been demonstrated by Lurie's studies of tuberculous lesions in artificially infected rabbits of different resistance. Lurie's theory is, therefore, that constitutional resistance to tuberculosis is closely associated with the primary capacity of the monocytic cell system to develop inhibitory properties against the multiplication of the tubercle bacilli and thereby to facilitate the acquisition of a local immunity.

Although many additional studies may be required for the final clinical evaluation of these various observations, genetically it is possible to state that the findings on the variability of resistance to tuberculosis seem best interpreted as the result of a graded protective character based on multi-factorial inheritance. The range of variations in this genetically determined vulnerability to tuberculous disease apparently extends from a high resistant type which develops no active tuberculosis under ordinary conditions of exposure; through the most common type which shows varying intermediary

degrees of resistance; to a non-resistant type characterized by rapidly destructive tuberculosis. It is the middle group, including about half of a given population, in which concentrated efforts of therapy and prevention may be expected to offer the best returns.

The practical usefulness of this general genetic principle will depend upon the development of reliable biological criteria for the identification of the extreme human types with high and low resistance, and of improved methods to duplicate or sufficiently reinforce the heredo-constitutional mechanisms responsible for satisfactory resistance. Neither therapeutic nor preventive measures can fail to gain in effectiveness when they are aimed directly at the biological defense mechanisms which are controllable in the individual, and electively at the persons who need them.

Department of Psychiatry
New York State Psychiatric Institute and Hospital
New York, N. Y.

MEMORIAL TRIBUTE TO DR. CHARLES BERNSTEIN*

BY MAXWELL C. MONTGOMERY, M. D.

Charles Bernstein was born at Carlisle, Schoharie County, December 21, 1872, and died at Rome, June 13, 1942. Had he lived six months longer he would have reached the age of 70 years.

The parents of Dr. Bernstein were pioneer settlers in Schoharie County. His father, Abraham Bernstein, came from Philadelphia and, after marrying Eva Ann Young, conducted a village store in Carlisle for many years. The father and mother died when Charles Bernstein was a very young child, but the father left a small sum to be used for education of the son. For a short time after the death of the parents, the family was kept together by an older brother and sister with the aid of a housekeeper. Charles Bernstein's uncle, Madison Young, was the village school teacher and a severe disciplinarian. This severe discipline enacted by the uncle developed a feeling of injustice in the nephew which led to a degree of bitterness.

Charles Bernstein, as a young child, developed a severe type of eczema which was a great handicap to him and from which he suffered all his life, and to me was a contributing factor to his sensitive, restless and impulsive characteristics, as well as, to his final illness.

Dr. Alfredo Guffin, the family physician, was much interested in this boy and was a lifelong friend. It was he who took the lad to the Albany City Hospital in an attempt to alleviate his sufferings from eczema. Through this interest in the boy, Dr. Guffin arranged for the lad to live in his home and do odd jobs about the home, as well as to drive him about the countryside making calls. In this environment, it was only natural that the boy should resolve to make medicine his calling. In due time, he entered Albany Medical College, graduating in 1894. During Dr. Bernstein's internship in Albany City Hospital, he studied law for one year at Albany Law School.

Dr. Bernstein came to Rome as medical interne in 1895, when Dr. John Fitzgerald was superintendent. The institution was then known as the "Rome State Custodial Asylum for Unteachable Idiots," and it functioned under the supervision of the New York State Board of Charities. Dr. Fitzgerald, left Rome in 1903; Dr. Bernstein was made acting superintendent that same year, and superintendent in 1904, and continued as superintendent until his death.

During the more than 45 years that Dr. Bernstein was at Rome he was responsible for many innovations for the care of the feeble-minded. He was not the originator of the colony system, but he was the individual who put across the idea on a practical basis in this country. He did this in the face

*Read at the Quarterly Conference at Albany, September 24, 1942.

of much opposition. This plan has proved excellent for care of patients and as a stepping stone for parole.

Any plan that Dr. Bernstein inaugurated was prompted by the thought that it was a more humane way of handling and training the feeble-minded to the end that they might be more happy and less of a burden to society and that some of them at least might be self-supporting.

Dr. Bernstein was always a tireless worker and often seemed impatient and impulsive. At the same time, however, he was never too busy to listen to a patient reciting fancied or real troubles. The patients' welfare and happiness were always first in his mind.

Rome State School
Rome, N. Y.

A TRIBUTE TO DR. CHARLES E. ROWE*

BY AUGUST E. WITZEL, M. D.

Dr. Charles E. Rowe, who had been superintendent of the Syracuse State School for 11 years, died at his home at the institution, at the age of 53. Death came suddenly early on the morning of July 30, 1942, when it seemed that he was recovering from an acute attack of coronary disease which had occurred 10 days previously.

It is with sadness and a deep sense of loss that I attempt to pay tribute to my friend, our friend and associate for many years.

I am also keenly aware of my inability to express adequately in words the many sterling qualities and attributes of character which he possessed, and which endeared him to all who knew him.

Dr. Rowe was born March 5, 1889, in McGraw, the son of James and Alice Eckert Rowe. He attended the public schools of his native village, and was graduated from its high school in 1905. From 1905 to 1909, he attended the Cortland State Normal School, and then entered Syracuse University, from which institution he received the degree of bachelor of arts in 1913, and the degree of doctor of medicine in 1916.

Dr. Rowe had the gift of being not only a brilliant honor student, both at the university and medical college, but also a good mixer and hail fellow well met. His classmates and associates respected and admired him for his keen intellect, pleasing personality, sense of humor, genuine sincerity of purpose, and ever present readiness to help others.

His fellow fraternity members recognized his qualities of leadership and elected him president of Alpha Chi Rho, his academic fraternity, in his senior year at the university; and vice-president of Alpha Kappa Kappa, his medical fraternity, in his senior year in medicine.

Charles Rowe, like all of us, had his faults which he recognized, and was wisely critical of; but he was always extremely tolerant of the faults of others. During our close friendship of 33 years, I never heard him make an unkind remark about anyone. He bore no grudges, nor did he harbor foolish jealousies. His philosophy of life was "Live and Let Live."

Dr. Rowe served well his apprenticeship in the New York State hospital system, and passed rapidly through its various grades. He was appointed medical interne at Rochester State Hospital, July 7, 1916; was transferred to the Binghamton State Hospital, April 1, 1917; was promoted to assistant physician, October 1, 1917; and to senior assistant physician, July 1, 1920. In the same year, he had postgraduate training at the Psychiatric Institute and Hospital in New York City. He was appointed first assistant physician

*Read at the Quarterly Conference at Albany, September 24, 1942.

at Hudson River State Hospital, April 1, 1924. He served as director of clinical psychiatry during his first three years there, then as executive first assistant until his appointment April 1, 1931, as superintendent of the Syracuse State School.

He was an excellent clinician, and had extensive experience in clinic work. He had charge of the mental hygiene clinic of Binghamton State Hospital at Binghamton, from 1920 to 1924, and of the Poughkeepsie Mental Hygiene Clinic of the Hudson River State Hospital, from 1924 to 1927.

When he came to the Syracuse State School as superintendent, he brought with him not only ability, but a temperament well suited for the duties of the position. As an administrator, he was fair and just in his dealings with others. He was kind, patient, sympathetic, understanding, and keenly interested in the welfare of both the boys and girls intrusted to his care, and the employed personnel of the institution. He was always happy when he could do something for them, and troubled when he could not do more. As one of the employees said, "The boys and girls and employees at this school have lost their best friend."

During his administration, many improvements were made in the physical plant, and in the clinical and administrative work of the school. Careful and intensive clinical studies were made of each case; regular staff meetings were held, and under his guidance cases were discussed from every angle and plans formulated for treatment and training. Many new forms of instruction, entertainment and recreation activities were organized and developed.

Throughout his entire career in the Department of Mental Hygiene, he was a most loyal and conscientious worker.

Dr. Rowe was a member of the New York State Medical Society, the Onondaga County Medical Society, the Syracuse Academy of Medicine, the American Association on Mental Deficiency, the Neuron Club, and the Kiwanis Club, and was an honorary member of the Western New York Occupational Therapy Association and a fellow of the American Psychiatric Association.

Since 1935, he had been on the faculty of the Syracuse College of Medicine, as lecturer on psychiatry, and he was much in demand as a speaker for local clubs and study groups.

More recently, he was a member of the Medical Advisory Board No. 40, and psychiatrist on the Selective Service Board of Syracuse, to both of which he gave freely of his time and talents.

His more recent contributions to medical journals included the following: "A Comparative Study of Personality Traits of Early and Late Dementia Praecox," "Personality in Its Relation to Prognosis in Dementia Praecox,"

"Luminal Sodium in Treatment of Epileptics with Psychosis," in collaboration with Dr. Wirt C. Groom, "Care and Training of High Grade Mental Defectives," "Differentia of Teachable Children of Both Sexes," and "Extension of the Parole System in State Schools."

Although Dr. Rowe spent much of his time and energy in his work, he nevertheless, found time to be actively interested in his home, clubs, social gatherings of his friends and associates, and in all sports. He was a bowling enthusiast and bowled regularly for years with the Kiwanis Club teams. In his home, he was always the genial host, ever attentive to those little things which added to the comfort and enjoyment of his friends and visitors.

Dr. Rowe, at all times, a devoted husband and a good father, is survived by his wife, Dr. Rhoda Howard Rowe, and by his son, Robert, who is a Williams College graduate, and, at present, a junior in the Syracuse College of Medicine. To them, we express our deepest sympathy and affection.

My friend, our friend and associate, Dr. Charles E. Rowe, enjoyed life in the service of his fellowmen. He served them well. For the moment, he has gone from us. We shall miss him, but rich memories of his outstanding personality and good works will remain with us always.

Newark State School
Newark, N. Y.

MEMORIAL TRIBUTE TO MRS. SLAGLE*

BY PHILIP SMITH, M. D.

It is an honor to have been selected to pay a tribute to Mrs. Eleanor Clarke Slagle before this Conference. It is impossible for me to mention everything which will do justice to her memory, and therefore I will only touch upon some of the outstanding features of her life and work.

Mrs. Slagle was born in Hobart, on October 13, 1876. She came of good American ancestry and inherited a strong background of character, firm religious convictions, boundless energy to attain success in any work which she might undertake, and a desire for the betterment of the lot of her fellowman.

Early in her life she became interested in those who were physically and mentally handicapped, and she identified herself with activities for the improvement of these unfortunate individuals. She sought the association of such individuals as Jane Addams of Hull House, Chicago, Julia Lathrop, Dr. Edward N. Brush, Dr. Douglas Singer, Dr. Thomas W. Salmon, Dr. Adolf Meyer, and many others who had similar aims. Her work received their cooperation and approval.

The scope of her activities extended, and she became instructor in the Henry Favill School of Occupations in the Chicago School of Civics and Philanthropy. She served in the Phipps Clinic of Johns Hopkins Hospital and acted in an advisory capacity for the institutions of Illinois and other states and countries. Her object was to establish a firm system of organization and to reach that class of patients who had been relegated to the back wards where, through inactivity, they were passing into a more profound state of mental deterioration. Her work was extended also to the tuberculosis institutions, and she was active in bringing about the organization of the American Occupational Therapy Association as well as similar societies in different states.

By lectures, demonstrations and exhibits, she undertook to interest the general public and show the therapeutic value of handicrafts as well as recreational activities in the rehabilitation of the mentally and physically handicapped. The value of such measures for mental patients had long been recognized, and performance of some kind of art and craft work, as well as dancing and music, was carried on in the State hospitals. However, there was no definite system or standards, and each hospital carried out such work in its own way.

*Read at the Quarterly Conference at the Psychiatric Institute and Hospital, December 19, 1942.

Some definite plan of organization and standards was considered necessary in our State institutions, to be carried out under the direction of a strong, guiding hand. Commissioner Charles W. Pilgrim was in sympathy with such a plan; and, during the latter part of his term of office, he called a meeting at Manhattan State Hospital to which Mrs. Slagle was invited to read a paper on the subject of occupational therapy. She had had extensive experience and attained success elsewhere, and there were reports that she had been selected to put such a plan into operation in our New York State institutions.

Our country had been involved in the last war, and affairs were still in an unsettled condition. It was therefore several years later, in 1922, that a small appropriation was made and Mrs. Slagle was appointed as director of occupational therapy.

She entered upon her duties with scanty equipment and materials, inferior accommodations in which to work, and a personnel whose training and knowledge of the work was not of a high standard. She utilized the means in each hospital and gradually formulated her plan of organization. By her personality, tact and diplomacy she gained the cooperation of those with whom she had to deal and with whom she had to work without engendering opposition or resistance from them.

Increasing interest was shown in the value of occupational therapy and the appropriation became larger during each ensuing year. Classes were formed and centers were established to which patients were taken from their respective wards, prescriptions were written by the medical staff for the patients, and progress and advancement in their condition was regularly noted. The standards and qualifications of the personnel were raised to higher levels and the number who were engaged in the work was gradually increased. The director acted in an advisory capacity and she was consulted by those in charge of the building program in regard to accommodations for the work in the State institutions.

Mrs. Slagle wrote a comprehensive syllabus for carrying out the work which, since its publication, has attracted wide attention not only in the United States and Canada but also in other countries.

She did not spare herself to accomplish these results, but her work was a great strain on her physical powers. Sickness and the bereavements she sustained did not daunt her spirit or obstruct her efforts. In her last and most severe trial, when she suffered an injury from a fall, she continued to direct the activities of her department during her period of convalescence.

She had been especially interested in promoting an educational program and had the satisfaction of seeing occupational therapy instruction given at Chicago, Columbia and New York universities.

She had regained much of her former physical powers and was again taking up regular visits to the different hospitals. However, her strenuous activity had left its effect on her physical constitution. She was still actively engaged in her work when she suffered a cerebral attack and suddenly passed away on September 18, 1942.

She left no message other than what she had displayed during her lifetime, namely the desire that the work continue to expand and grow. She has laid a firm foundation and established organization and system in all of the State institutions. It remains therefore for her followers to advance the work to broader fields and higher planes for the welfare of those who are mentally and physically handicapped and afflicted.

Department of Mental Hygiene
Albany, N. Y.

TIMOTHY E. MC GARR*

BY WILLIS E. MERRIMAN, M. D.

Timothy E. McGarr, former secretary of the New York State Department of Mental Hygiene, died on December 5, 1942, after an illness of several months. It is fitting that this Conference note the passing of this valued servant who, for so many years, faithfully served the State in his official capacities.

Mr. McGarr, known to his intimate friends as Tim McGarr, was born in Auburn, on April 10, 1856. He early became proficient in stenography and acquired a knowledge of German and French. His first work was for the Associated Press. Later, he became secretary to Roseoe Conkling, a United States senator from New York State.

He entered the service of the State on September 30, 1878, at Utica State Hospital, then the State Lunatic Asylum, as secretary-stenographer to Superintendent John P. Gray. Among other duties there, he assumed the business management of the "American Journal of Insanity," the official organ of the Association of Medical Superintendents of the American Hospitals for the Insane, later the American Medico-Psychological Association, and now the American Psychiatric Association. He was the official reporter of the annual meetings of this association in 1884-5-6-7; also in 1918-22-24-26. The medical staff of the Utica State Hospital, during Mr. McGarr's work there, included Drs. Gray, Andrews, Brush, Blumer, Pilgrim and Wagner, each of whom in after years was to attain national prominence in the field of psychiatry and hospital administration and also to become, in turn, president of the American association just mentioned.

In 1889, the Legislature established the State Commission in Lunacy, the first commissioners being Dr. Carlos F. MacDonald, Goodwin Brown and Henry A. Reeves. This body chose Mr. McGarr as its secretary, and in this same year he assumed the duties of the office in the State Capitol.

The State Care Act was passed in the following year, 1890. From then on, Mr. McGarr participated in the steady progress and the increasing responsibilities of the commission of which he executed the duties of secretary so efficiently. He witnessed and promoted the development of the management of the State civil institutions for the insane. His alert interest and executive ability were of invaluable service to the State.

During his 24 years of service as secretary, Mr. McGarr accompanied the commissioners on their inspection tours through the institutions of the department. He thus attained a comprehensive knowledge of the needs of

*Read at the Quarterly Conference at the New York State Psychiatric Institute and Hospital, New York, December 19, 1942.

these hospitals and was able to represent the commission and the hospitals before legislative committees.

The years were taking their toll. He was in poor health and wished to be relieved of some of his responsibility; so, in 1916, Mr. McGarr became executive officer of the commission's joint purchasing board, and, after the creation of the central supplies committee in 1919, he was the representative of the commission.

While performing duties less burdensome than formerly, he assisted Dr. Henry M. Hurd in compiling the four-volume work "The Institutional Care of the Insane in the United States and Canada."

In 1921, Mr. McGarr was appointed treasurer of the institutions under the commission. While holding this position, he witnessed the widening of the scope of the Department's responsibilities through the amendment of 1927 to the Insanity Law which established the Department of Mental Hygiene. Beginning in 1923, he participated in the business management of *THE STATE HOSPITAL QUARTERLY*, the official organ of the Department, now *THE PSYCHIATRIC QUARTERLY*, which is printed at Utica State Hospital. He retained the office of treasurer until his retirement in 1931.

On October 1, 1928, exactly 50 years after Mr. McGarr entered the State service at Utica, his attainment of that long period of honorable, faithful and efficient service was observed at the office of the department in Albany by his friends and former associates, when Dr. Frederick W. Parsons, then Commissioner of Mental Hygiene, presented him with suitable tokens of esteem, including congratulatory messages from Governor Alfred E. Smith, Commissioner Parsons, former commissioners, superintendents of the institutions of the department and other associates and acquaintances. At that time, Mr. McGarr prepared a paper which was printed in the January, 1929, number of *THE PSYCHIATRIC QUARTERLY*, "Fifty Years of Development in the Care of the Insane in New York State." He contributed from time to time other nonmedical articles to this periodical and translated psychiatric ones that appeared in foreign publications.

After Mr. McGarr's retirement from official duties he continued to participate in the business management of *THE QUARTERLY* and the *QUARTERLY SUPPLEMENT*, retaining a desk in the office of the Department. Eventually, his failing vigor required him to relinquish these duties.

Mr. McGarr was an outstanding State official throughout his long service. He was widely known, not only in official circles but among other citizens with whom he came in contact. While devoted to his official duties, he found time to indulge his social inclinations. He became a member of the Fort Orange Club of Albany where he enjoyed meeting men engaged in

other activities. He was president of St. Vincent's Conference of St. Vincent de Paul's Church of Albany and a member of the Knights of Columbus.

Mr. McGarr charmed his friends by his wide knowledge, experience and interests and was invariably an engaging conversationalist. Friends marvelling at the vigor of his later years. He was slight physically but quick, alert and debonair. When past 80, he stood jauntily and nothing of interest escaped his notice. Almost to the last, he was a gay Son of Erin, ready with a jest and with a fine taste for an amusing incident. It is no wonder that he was welcome at his club.

Noteworthy among Mr. McGarr's official contributions were his advocacy of non-partisan administration of State hospitals, his strong support of the civil service law with its merit system, and his assistance in establishing uniform records and uniform methods of management in the Department's institutions. He also developed a joint system of purchase for these institutions and promoted the development of the parole system for patients and their better care pending admission.

The memory of Timothy E. McGarr will always be an honorable one for the State and for his friends a pleasurable one.

Utica State Hospital
Utica, N. Y.

MINUTES OF THE QUARTERLY CONFERENCE

SEPTEMBER 24, 1942

The autumn Quarterly Conference of the superintendents and visitors of the Department of Mental Hygiene with the Commissioner was held at the Albany office of the Department on September 24, 1942, with the Commissioner, the Hon. William J. Tiffany, M. D., presiding. There was an attendance of 60, with representatives of the State Department of Health, the Director of the Budget, the Department of Civil Service, and of the psychiatric institutions in the Department of Correction present for the discussion of the effects of extending the Feld-Hamilton Law to cover employment in the Department of Mental Hygiene. Invited guests interested in that subject included the budget director, personnel director and supervisor of purchase of the state of Connecticut and Samuel W. Hamilton, M. D., mental hospital advisor, division of mental hygiene, United States Public Health Service.

THE CHAIRMAN: The Conference will please come to order.

It is a great pleasure to have the Quarterly Conference meet here in Albany. We give you a very, very cordial welcome, members of the Conference and our guests. I think most of you are already aware of the fact that at the last session of the Legislature a bill was passed which placed the officers and employees under the Feld-Hamilton provisions so that their classification, salary range, etc., would be comparable with those of other State employees. The bill became Chapter 133 of the Laws of 1942; the act to take effect July 1, 1943. The Department has been in conference with the Salary Standardization Board and some tentative agreements on some general principles applying to our institutional classifications have been reached. It was felt that a conference here at this time, while these classifications and salary standardizations were still under consideration would afford an opportunity to orient the superintendents regarding the studies thus far made, and we are very much gratified to have the chairman of the Classification Board, the secretary of the Salary Standardization Board and the director of the budget consent to discuss these matters with us today. We very much appreciate their coming and without further remarks and to expedite the program, I will call on Charles L. Campbell, chairman of the Classification Board, State Department of Civil Service, who will speak on, "Functions of the Classification Board with Reference to the Classification of State Institution Officers and Employees."

MR. CAMPBELL: Inasmuch as I hope to cover considerable territory in my short time this morning, I am going to follow my notes pretty closely.

I dictated this in snatches and tried to polish it off a little riding on a train so if it does not go too smoothly, please do not be too critical. I am quite sure I have in it the things I want to say.

Mr. Campbell read the following paper.

Mr. CAMPBELL: Every professional group has a tendency, in time, to develop a vocabulary of its own—new words and phrases, or what is more difficult to the uninitiated, new meanings for existing terms. All of you have had experience in handling civil service problems of recruitment, certification, selection, and placement, of service ratings and promotion, and of payroll procedures. Many of you have acted as expert examiners for the commission, and appreciate both the responsibility and complexity of determining the relative fitness of one candidate as against another. To all of you, it is obvious that civil service is a system or device, whereby the State seeks to employ for any given position the man or woman best fitted to fill it. With that as an ultimate objective, whoever undertakes the employment and however it is done, it is equally obvious that before you can select the best person to do a job, you have to know what the job is you want done.

In industry, the process of analyzing the various functions that transform raw materials into finished products and the determination of skills necessary at each step along the line, is called job analysis. In government, the process of determining what duties are to be performed and what responsibilities carried in each position necessary to the successful operation of the department, division, or other unit of government, is called position-classification.

In a small business all phases of manufacture, distribution, financing, and labor may be managed by one individual. As the enterprise grows, management must be divided. More than 50 years ago, personnel management for the business of the State of New York was centralized in the Civil Service Commission. Since then, and particularly in the last 15 years, the growth in magnitude and complexity of State service, the importance of personnel in the operation of that service, and a growing appreciation of the unique responsibility of government to the taxpayers, have strengthened the belief of all thoughtful students that public personnel administration today must be conducted on a planned and systematic basis. To do this requires an effective program based on sound policies and objectives, and involves modern methods and procedures through which those policies are executed and the objectives reached in terms of effect or influence upon the business of the State as a whole and upon the individuals employed to carry on that business.

Sound policies and plans and the effectiveness of procedural methods both depend on facts about the organizational setup and the duties and responsi-

bilities of individual positions. Position-classification has been slow in its development in New York State, although its need and usefulness was recognized as far back as 1916 when the first classification survey was made under the Horton Legislative Committee. Probably most of you remember the survey in 1932, only partially successful. The Feld-Ostertag Act of 1938 finally established position-classification as a foundation from which may be projected all other processes involving personnel management and on which may be based intelligent studies of organization and budgetary control.

It is the established policy in New York State today that there shall be "equal pay for equal work" under substantially similar conditions of employment. Such a policy, however, cannot be made effective unless it is known in advance where equal work is being performed. One may easily visualize the futility of any governor, budget director, or legislator, attempting to remember and mentally arrange facts about thousands of individual positions so that those which are sufficiently alike may be treated alike in the administration of the Feld-Hamilton pay scales. Furthermore, one has only to realize that there are several hundred types of special attendants in your hospitals today, to appreciate the need of a position-classification survey as a basis for better recruitment, promotion, transfer, and perhaps the development and conduct of more effective training programs.

Reduced to its simplest terms, position classification means the process of finding out, by obtaining the facts and analyzing them, what different kinds of positions, calling for different treatment in personnel processes and pay, there are in the service, and of making a systematic record of the classes found and of the particular positions that are found to be in each class. The duties and responsibilities of the positions, and the consequent qualification requirements, are considered as the criteria by which the classes are determined and by which the individual positions are assigned or allocated to their particular classes. In a survey such as is now under way, this is done on an objective and impersonal basis. Allocation of positions to classes is based on essential characteristics of the work performed in each position, not on the education, experience, background, efficiency, or ability that incumbent employees at the time happen to possess or lack.

The primary object of position classification is to provide a means that will make it possible to deal uniformly with like positions according to definitely established policies and procedures, that cannot be dealt with otherwise. By emphasizing an impartial approach it helps avoid a purely personalized treatment of work and pay problems and serves as a safeguard against favoritism and as a principal source of fair and equitable treatment. It gives operating departments a definite means of expressing their exact

personnel needs to the Civil Service Commission, the Division of the Budget and appropriating agencies, because the system of class titles constitutes a common, significant job language. Definiteness and certainty of terms to designate positions aids in advertising tests and examining candidates. It aids the budgetary authorities in their examination of budget estimates as it will aid you as administrators in the preparation of those estimates. It provides a practical and specific means of translating sound principles and policies of personnel management into actual practice.

Except for the mental hygiene institutions, practically the entire State service today is classified on a uniform basis under standardized titles. A very large majority of these positions are subject to the Feld-Hamilton rates. On July 1, 1943, the State service for the first time in its history, will be almost entirely under one basic plan for personnel management and compensation. To bring in the institutions, three separate and distinct functions must be completed: (1) The classification of positions on the basis of duties and responsibilities under a uniform title structure; (2) The determination of the salary range under the Feld-Hamilton schedules applicable to each class of positions; and (3) The development of a new maintenance plan to establish a more uniform and equitable basis for deducting from the gross salary of any employee the value of whatever maintenance is furnished him by the State.

Classification is the function of the Classification Board and is the subject of my discussion. The salary allocation under the Feld-Hamilton schedule is the function of the Salary Standardization Board and not the Classification Board. The establishment of maintenance charges is the province of the budget director. There has been considerable confusion at times as to who is responsible for what. Obviously there is and necessarily must be close cooperation among the Classification Board, the Salary Standardization Board, and the Director of the Budget. In fact, the determinations of both the Classification Board and the Salary Standardization Board become effective only after approval by the budget director, as a representative of the Governor. Thus, the activities of any operating unit, its organizational setup to carry on its activities, its personnel and its fiscal needs are all co-ordinated through the budget director, within the policy of the administration.

Many of you are already familiar with some of the mechanics whereby the Classification Board carries out its function of gathering facts about individual positions, analyzing and grouping them according to their similarities or dissimilarities, both among themselves and in relation to other positions in other departments. Our purpose is to reduce them ultimately, on a planned and systematic basis, to an arrangement under uniform titles in

an organizational picture that will be understood by any and all of us who are concerned in any way with the personnel employed in the operation of your hospitals. Let me briefly trace through our procedure.

Every employee was asked to fill out a job statement in which he gave us facts about his employment, including a statement in his own words of his day by day duties and their relative importance. Supervisors and heads of institutions were asked not to change the employee's statement but to amplify it or comment on it so that we might have as accurate a statement as possible. These job statements were then analyzed in our office and tentatively classified. From this preliminary classification, we prepared working charts to indicate the place of each position in the organizational structure of the particular unit. Naturally, we found gaps and conflicts in the data furnished. So we went into the field. Three or four examiners have taken all the questionnaires, the working charts and our notes and moved into a hospital for checking the tentative findings right on the ground. They have spent from four days to two weeks, depending on the size of the hospital, going thoroughly into its operations and the duties and responsibilities of individual employees. They have talked to the superintendents, all other officers and supervisors, and to hundreds of individual employees. Always they have been looking for facts, checking one fact against another, ironing out conflicts, filling in gaps, checking inconsistencies, and at all times observing, inquiring, and recording facts and more facts. They have also done much explaining about the general purposes of classification, and, with the approval of the institution head, have held general meetings with employees to answer questions and clear up misunderstandings. In those institutions where we have made our physical survey, we have had the most helpful cooperation from officers and employees, for which we are deeply appreciative. We have tried to demonstrate that our interest is in helping, not hindering, the operating man in the administration of his job. There is no question that we can get effective results from this classification survey only through your understanding and hearty cooperation.

After the field surveys are completed, the Classification Board and its staff will spend a great deal of time in further analyzing, comparing, cross-checking and arriving at final determinations as to the proper classification of each and every position. Lest you harbor undue skepticism of our ability to draw reasonable conclusions in fields in which we have no technical training or experience, let me assure you that we readily seek and have available, advice and counsel from many sources of a professional, scientific and technical character. Furthermore, at every important step along the way we are consulting and will consult with representatives of the Mental Hygiene Department. So that our final decisions will not be based on theories, or on

armchair philosophizing, but will have a sound basis in administrative practicability, we have already had a number of all-day conferences, and will have many more, in which representatives of your Department, of the budget director, the Salary Standardization Board and the Classification Board will work cooperatively toward a common goal. That we will not always agree is only human, but the best possible results can only come through frank and open discussion in the spirit of cooperation. That we cannot and will not satisfy every employee goes without saying, but I want to impress upon you that there is nothing secret or mysterious about our operations. We are not omniscient and will make mistakes, some of our recommendations may not please you at first glance, though they may work out more satisfactorily than you anticipate; and if they don't, machinery will always be available to make changes in the classification plan and smooth out the rough spots demonstrated by practical experience. Not only will machinery be available to you as administrators, but an appeal procedure will be available to every employee who can show that through lack of information or misunderstanding of his duties and responsibilities, his position has not been properly classified.

The classification of 25,000 positions in your institutions is a big job that takes time. Under present conditions, with unusual personnel turnover in the institutions, and with staff problems in the Classification Division, it is unusually difficult. The final classification of each employee's position will be completed and in the hands of the budget director in ample time for the beginning of the fiscal year 1943-44. It will not be available, however, when your estimates are submitted this fall. Instructions as to how your estimates are to be prepared and how the budget will be made up for submission to the Legislature will come from the budget director. It is expected that your appropriations will again be made on a lump sum basis, to be allocated on the basis of the classification plan adopted. From our standpoint this is particularly desirable for the next fiscal year, enabling us the more easily to correct individual errors we may make before the titles are finally established on a line item basis.

While we recognize the interest and impatience of employees of your institutions, to know exactly how they are going to stand under the new plan, it will not be possible between now and July 1, 1943, to give them advance information and discuss with various individuals the questions which each may wish to ask, or to review carefully each appeal where employees file exceptions. Based on past experience, we anticipate there will be a considerable number of such cases. Many appeals to the Classification Board are based on misinformation and misunderstanding. They are frequently filed on the basis of length of service, or personal qualifications of the in-

cumbent that are in excess of those necessary for his particular job, or even the understandable reason that the employee thinks he should be allocated to a higher salary grade. As I have already pointed out, classification is of the position and not of the incumbent. It is based on the duties and responsibilities of the position and its place in the organizational structure. The position may be vacant, or the present incumbent may retire tomorrow and the position have to be filled by a new incumbent. It is our job to determine what the position is, how it should be classified, and it is the job of the Salary Standardization Board to determine a fair and equitable rate of pay for the work that has to be done.

Classification of positions, however, is not static. It follows, records, and adjusts, as the needs of the service require. From time to time, positions are subdivided, others combined; new positions are created and new functions established; old functions are limited, or the work load changes. Whenever the need arises, positions can and will be reclassified with the approval of the director of the budget and under the Civil Service Law and rules. That, however, is a matter for the future; and I point it out here, only so there may be no misconception that once the results of the present survey are put into effect you will find yourself in an inflexible mold that makes no provision for future changes to meet current needs.

As I pointed out to you at the beginning of this discussion, position classification is an administrative tool designed for the sole purpose of improving public administration by providing a planned and systematic basis for handling public personnel practices. It is the purpose and the policy of the Classification Board to use this tool to aid you in your operations, in carrying out your responsibilities to the taxpayers as an important part of the government of New York State.

The CHAIRMAN: Thank you, Mr. Campbell.

We appreciate very much your presentation. I might say that I think it would be wise before any discussion is had, to await the presentation of the other papers. The next will be given by Dr. Frank L. Tolman, secretary of the Salary Standardization Board, entitled: "Functions of the Salary Standardization Board with Reference to Salaries of State Institution Officers and Employees.

Dr. TOLMAN: Dr. Tiffany, Gentlemen: This occasion is particularly pleasant for me because I am looking at the people from whom the salary board expects in the future to gain much of its information in connection with the salaries to be set for Mental Hygiene Department employees. The Salary Standardization Board does not attempt to operate in a vacuum. It tries to operate with all the information it can get from the various departments and from the various institutions, and particularly from the great

work that is being done by the Classification Board in sorting out the various types of jobs, characterizing them and giving us very definite job statements. I shall come back to that procedure of the board a little later.

I would like in the beginning to say a little more than Mr. Campbell has said about the Feld-Hamilton Law in the setting up of a general plan of salaries for the State employees. The Feld-Hamilton plan has, of course, the primary function of establishing a career service in the State service for employees so that there may be an opportunity for the State to keep and advance the very best employees it can get and to provide a certain amount of incentive to the employees to do their very best on the job. It provides not only uniform pay rates but rates which will differentiate properly between the average employee and the man doing exceptional jobs. That is done by two methods: first, annual increments going to all people doing a satisfactory job; and second, by promotion. We try to operate our plan of salary allocation with those facts in mind. We have as our ultimate objective the building up of a service in the State that will be recognized as efficient and devoted to the interests of the people in the State.

The principle of equal work for equal pay is not simply a phrase. It is to my mind one of the fundamental principles of democracy and it is a thing that should be very dear to our hearts at this particular time. The principle of opportunity to go on in your profession; to do your life work as best you can; to make your contributions to civilization is another of the principles of American democracy to which every man responds largely. The State has to function, in my opinion, not only in being a good employer and a fair employer, but to a certain extent in setting a model to be followed by all of the people in the State in their capacity as employers. Of course, the State cannot encourage extravagance. It cannot throw the taxpayers' money away, but it has been the conclusion of the Salary Standardization Board that the plan we have is a more economical plan than any other ever tried in the State service. The cost of the administration grows proportionately less every year primarily because we do not have in our plan the principle of pyramiding salaries once almost universal. In the old plan in most of the departments and over a large area, a man came into the service at a certain salary and worked up from that point in a rather haphazard way until he reached a certain salary and when he left, his successor could start right in at that top salary. Now, the new employee starts at the minimum prescribed by law and works up to the maximum, and then he has an opportunity to work up to a higher position if his record shows he is worth it.

Going back again to the Feld-Hamilton Law, the Legislature first set forth certain general principles to guide the State in the administration of departments. It went further than that by setting forth some 11 (now 12)

different services and setting salary scales or ranges for those various services. Now those services are fields of employment which cover a rather definite segment of the employment field of the State. There is for instance, in the field of your department the professional service in which all physicians and medical men of the State are included. There is the sub-professional (now the junior professional) service which includes nursing, laboratory work and such semi-professional skills as physiotherapy and certain small auxiliary medical services in the State. There is also the custodial service which includes the general help in the hospitals; attendants, charge attendants, and the great body of people in the institutions. The Legislature did not go to the detail of taking all of the thousands of positions or titles in the State and saying: "These are in Service 1, custodial service," and, "These all go in Service 7, the professional service." They gave a few suggestions or indicative titles saying that the professional service should include the generally recognized professions, medical service, law, professional engineering service; the services of doctors, physicians, educators, civil service administrators, and the like and telling us to put other similar positions in that same service. The law also provided that the Temporary Salary Standardization Board should allocate all positions to an appropriate service and an appropriate grade. It left the determination of what was the appropriate service and appropriate grade to the board. At the first meeting of the salary board, the question of procedure, of course, came up. Should we take every one of the 50,000 or so positions in the State and allocate them separately to the appropriate service and appropriate grade, or was there another way we could proceed that would eliminate the difficulty which always comes when you try to deal with each individual case by doing away as much as possible with unfairness and unevenness that gets in when one talks solely about a single position and does not take into consideration the similar jobs in other places and other situations? Here the Civil Service Commission gave us what we thought was a very valuable clue. All individual positions have certain standard titles based on the various types of jobs. The thousands of individual positions are grouped into what the civil service calls "classes of positions," and each "class of positions" has a single uniform title. Take for instance, the class of position of "junior clerk." That includes many thousand employees all of whom are doing essentially the same work as shown in the specifications and as determined by the actual surveys of the Civil Service Commission. Instead of trying to allocate each individual junior clerk separately, we can determine the salary of junior clerks as a group or "class." In this way, we have simplified our own work and have provided a means by which the service must be kept in line. One junior clerk cannot

get out of line with all other junior clerks; but if actually found to be doing work above the average junior clerk, then his title can be changed to senior clerk which would be allocated to a higher salary. You see what the board did then was to adopt a procedure of allocating standard classes of jobs which included all employees with the same title, and thus the problem has been reduced from the allocation of thousands of individual positions to the allocation of hundreds of groups or "classes" of positions.

How does the salary board proceed in connection with the study and allocation of these positions? We always require that we have all the information that has been collected by the classification board in the analysis of the position and we try to pick out from that the factors on which salaries can properly be established. We take, for instance, into particular consideration, such factors as these: What is the educational preparation required for the job? If the job requires a Ph.D. degree, it should receive more consideration than one requiring just a common school education. What professional preparation is required? What is the amount of the supervisory activity required? What is the essential difference in duties, in responsibilities, from other related positions? What is the area or range of responsibility of the positions? How directly does the person work under supervision? How independently does he work on his own responsibility? All such factors, we take and try to consider very carefully. Then, so far as it is possible the board has tried to get other information. How does this position compare with other positions outside the State service? What is the general range of pay for those comparable positions outside the State service?

One problem which the board will have to consider and upon which it has as yet no definite policy will be what, if any consideration, shall be given to the employment situation at this particular time; to abnormal rates of pay in certain positions outside the State service. It seems the general opinion that it would be better that some general emergency provision outside the Feld-Hamilton Law should be made where necessary, rather than that the State service should be reallocated at this time on the basis of rates that prevail now and may not prevail a few months or years from this time; but that is a question which has not yet been decided.

I would like to say one other thing about the Feld-Hamilton Law, and that is that the Legislature in setting up the Salary Standardization Board made it a sort of a coordinating board. It is not composed of persons who happened to be appointed to that job. The board consists of one representative of the Division of the Budget who at the present time is the budget director, and we hope always will be the budget director; one representative of the Civil Service Commission; one direct representative of the Governor;

one who is supposed to represent the interests of the competitive employees and one who represents the noncompetitive employees of the State of New York. I take it the opinion of the Legislature in providing that type of representative board was that you had there a pooling of the information and of the interests primarily concerning both the employer and the employee in determining a salary scale which would work. You might think it would mean some friction in the board. I think the board has been unusually free from anything of that sort, and I hope it will always continue to work in that same way.

One thing I would like to emphasize at this time. You see we have not stepped into the picture of the mental hygiene institutions, as we are still waiting for the classification board to complete its survey so that we will know just what kind or class of groups of jobs you have, and then we will step into the picture. However, I should add this: A number of hospitals in the Health Department and institutions in the Social Welfare and Education Departments have already been allocated. As a result of that, it is probable that salaries have already been fixed or are indicated for a great number of employees in Mental Hygiene Department institutions. What is the situation there? If your people receive some titles already allocated, they automatically take the salaries set up in the previous allocations of the positions. Where new titles are created, the salary board will act on those titles after further study. The salary board will restudy the allocation of certain of the old titles where, in the opinion of the board, the situation is changed by the inclusion of a large number of employees of the Mental Hygiene Department. An original allocation made by the board is in the form of a final allocation; but of course, we do attempt, and we must attempt, to work closely with the budget division and in case there is a very definite division of opinion between the division of the budget and the salary board, we try to come to a decision through a conference with the budget authorities, budget examiners, etc., and we go almost daily to the budget division for the information it has as to the various positions throughout the State.

I want to come again to what Mr. Campbell has mentioned in reference to the classification board; to what is one of the most important factors of the law. It is the factor which permits appeals either by the Department or by the employees who are affected from any allocation. We shall want to come to you people for a great deal of information. We shall want a very definite and clear knowledge of the administration of the hospitals of the State of New York; their departments; the types of people you have in your employ; your problems and everything that will help us to see the situation as factually as possible.

In connection with appeals by the employees, the board has adopted the following general procedure. It is evident that the board cannot take an appeal from an individual when it affects the interests of many other people. Take for instance, the attendants in the State hospitals. We shall not be in a position to hear each individual case. We shall have to take all the attendants who may want to have a hearing before the board, and hear their appeals as a group. We do advocate and wish to have a representative committee to represent the employees in that group. We advocate committees which represent various related positions as dentists, occupational therapists, etc., to present their material for the consideration of the board.

It is probable that it will be so late before we get the allocations from the classification board that there will not be time for the holding of all these hearings, both departmental and for employees, before the budget of 1943-1944 is set up; but the board will hold such hearings on request, and the allocations will be subject to change on the basis of those hearings with the consent and approval of the budget director. I think I have not made one point exactly clear. The original salary allocation of the job is the function of the salary board. Any recommendation for a change in allocation is a recommendation and has to be submitted to the budget division which has full jurisdiction to accept or to refuse it.

I am sure I have taken up all the time allotted to me, but I want to impress upon you once again that this job in its human relations is one of the most important jobs of the State. It is a job in which the board thinks you have an equal part with itself. It will be very glad to receive all the pertinent information you may give us. You may write to us at any time. We shall be glad to hear from you.

I don't know how many of you are familiar with the report of the Temporary Salary Standardization Board, but it does contain the salary allocations of all positions to date of publication. In it, you will find the allocation of many titles that will probably be found—when the positions in your hospital are classified—to be applicable to your institutions. It will give you also, a good deal of information as to related positions. The report consists of four parts. The first part is a list of positions arranged alphabetically. The second part has the same positions arranged so as to show closely related positions, lines of promotions and the like. The third part shows the positions arranged by services and grades as established in the Feld-Hamilton Law, and the fourth part shows the same positions arranged purely on the basis of salary gradation. I believe this will be of some value to you. If you don't have a copy, let Dr. Tiffany know just how many copies you need, and we shall see that they are sent to you.

The CHAIRMAN: Thank you very much, Dr. Tolman. You have given us many interesting facts.

The next on the program is: "Consideration of the Maintenance Factor in Relation to the Salaries of State Institution Officers and Employees," by Mr. J. Buckley Bryan, director of the budget.

Mr. BRYAN: Dr. Tiffany, Ladies and Gentlemen. There is but little left for me to say, following the rather complete and accurate report given by Mr. Campbell and the informative remarks of Dr. Tolman.

Inasmuch as I could speak on this most interesting subject for several hours, I think I shall jump right into the specific matters which have been brought to our attention. Before doing so, however, I should like to mention the fact that the fundamental principle upon which the Feld-Hamilton Law is based is "equal pay for equal work." It is a nice rule, but at the same time it is very hard to effectuate. The reason I mention it at this time is that at the stewards' conference last spring at which I had opportunity to discuss this problem, I was a bit concerned regarding the attitude of a few of the stewards. I think perhaps, they expressed the opinion that was held in the Mental Hygiene Department institutions to the effect that the benefits now enjoyed in the way of maintenance would be enjoyed without cost in the future. I believe this to be the opinion of not all but some. To be more specific, let us take the position of the physician in the Mental Hygiene Department institution who has been classified and subsequently allocated to a salary grade in the professional service of the State. The Salary Standardization Board has decided that his position belongs in some particular grade, say 7-5 or 7-6 of the professional service because it is akin in responsibility and importance to other professional positions—take the position of engineer in the Department of Public Works, for instance, he may be in charge of an entire district in the State. After that has been done, certain maintenance values are allowed to that professional employee, and it is expected that he will pay for these benefits. Deductions will be made from his gross salary for these benefits which are given to him in addition to the salary which he has received.

Another question is the matter of housing, meals, etc., as to how much to deduct. Let us take, for instance, the matter of hospitalization, of laundry, and of domestic service in the home of the professional man at some of our institutions. It was felt when this matter was discussed with us that those extra benefits should be gratis. In the division of the budget, we don't subscribe to that theory, and there may be some reasons for such an opinion as ours gaining headway. In other words, a civil engineer in the Department of Public Works is expected to pay for maid service in his home, if he desires that service. If he wishes two maids, he pays for them. We also

adhere to the policy of his joining the hospitalization plan for which we are paying. I believe I pay \$24 a year for a family contract, and I don't get anywhere near the benefits employees get in the institutions. I have heard that the quality of the service given in the institutions is not what employees could get if they went on the outside and paid for it, but we are of the opinion it is better in most cases.

While we are discussing maintenance values, I shall make certain specific suggestions this morning. I shall say that it is expected that there will not be any special benefits given to anyone that would not be enjoyed by other employees coming under the Feld-Hamilton Law.

I might give you a little of the background of our work in the division of the budget. You have all known of the activity of Mr. Campbell in the classification board. The division of the budget has done comparatively little field work up to date. We have had representatives out to feel the pulse of the institutions relative to this problem, and to itemize any unique features which would cause difficulties and inequality in the establishment of maintenance values. We expect to do a great deal along these lines. Here in Albany, in the way of service, we have made contact with many heads of departments; we have also visited some institutions. We have gone into the Federal picture at length. I have been in touch with the Council of State Governments; and, at my request, it instituted a nation-wide survey in connection with maintenance values and made a report which will be given out in time. We have checked the picture in private hospitals and that is largely a basis for certain data which I can give you this morning and which with the approval of the Department I should like to send to the superintendents within the next few weeks for their constructive criticism.

We have arrived at the following opinion with respect to housing. This matter could become horribly involved or it can be made relatively simple. We want to make it as simple as we can, conducive to fairness and equality. It was suggested in connection with housing in the early stages, that a flat rate should be charged regardless of the condition or location, etc. The proponents of this plan felt that there should be no distinction in the matter, and this created a lot of arguments and headaches. I don't think it is a fair and equitable way to establish maintenance values. Were we concerned with only one hospital it might be relatively simple. Not only are there differences within one particular institution, but there are differences in our institutions of varying vintage. In many places, we are informed, employees are being housed in mere rookeries but the employee is obliged to put up with such quarters. I have seen other institutions where the employees enjoy much better facilities than I enjoy here in Albany. We, therefore, feel that there should be some sort of sliding scale. Inasmuch as we

could not have too many classifications, we are of the opinion that we should register three qualities of housing; first quality, second quality, and third quality. We are basing our schedules on the second quality, which we consider average in State institutions. This matter will have to be established in the field at a later date by the division of the budget and the superintendent and steward concerned. We can designate certain rooms, buildings, etc., as quality one, two or three. We think we can work it out fairly and equitably.

The basic quality is the average or second quality. The first quality we consider 20 per cent better than the average, and the less desirable quality, or third quality, we consider 20 per cent less. Therefore, let us consider actual values in the case of the basic or second quality.

Our charge for one room, single occupancy, would be \$10 a month; for two rooms \$17.50; the second room being \$7.50; the third room \$5 and any subsequent rooms \$5 each. In other words you would have an average of \$10 for one room; \$17.50 for two rooms and \$22.50 for three rooms.

Starting with the sharing of rooms. Where a room is shared with some one, we add \$5 to the charge for private occupancy. The cost of one \$10 room shared is \$5 more; divided by two, making \$7.50 apiece. Should two rooms be shared, you would add to the basic price of \$17.50, \$5 which gives \$22.50, and this divided by two gives \$11.25 apiece. The third value would be 20 per cent less and the first quality would be 20 per cent more.

In addition to rooms, there will be a charge for facilities. A room containing a wash basin with running water would be \$2 extra over the price of the room, making it \$12. For wash basin and toilet in room, the price will be \$4 extra. If the room has a complete bathroom it will be \$5 extra; so that a single room at \$10 would be \$15 for single room and bath. In order to arrive at a figure where the rooms are shared, we merely pro-rate the price, i. e., with wash basin in room \$2 extra, and if shared, we pro-rate it. Incidentally, household linens and maid service are included in these prices.

The next matter would be apartments and houses. In the case of apartments, we arrive at a figure for a three-room apartment, second quality, of \$27.50. That is exclusive of cooking and refrigeration charges. It includes bath, heat and light but no maid service. The same classification obtains for first quality, second quality and third quality in the case of apartments and houses as I mentioned in the case of rooms. We feel that a charge of \$5 additional shall be added to a three-room apartment rate of \$27.50 for every additional room; four rooms \$32.50; five rooms \$37.50; six rooms \$42.50 and seven rooms \$47.50. There would be no charge for rooms over seven. We based that on the fact that in some institutions there are very

large buildings of the vintage of 1800 which are not so desirable although containing, perhaps, 14 rooms. These are not nearly so desirable as seven-room modern cottages at other institutions.

In the case of cooking and refrigeration service for apartments and houses, we feel that a charge of \$4 additional should be made for one or two occupants and for each additional adult above one or two, a charge of \$1 and for each child a charge of 50 cents. That, in general, covers the picture of housing.

The next major item in the category of maintenance would be the meals, and there we are in trouble, due to the fact that there are wide differences appearing between the meals in our institutions. There seems to be no definite standard in connection with the relative value of the employees' meals as against the staff meals. We hear that in such and such institutions the meals are fine and in some others much better. I believe from the administrative standpoint that in some institutions the staff meal is perhaps the same as the employees' meal. The staff may have a tablecloth and maid service; but, aside from these items, the normal quality of the food is the same—no difference whatsoever and no diversification in menus. The matter of meals is something we shall have to standardize for the Department.

In order to adjust maintenance values, we must know definitely what you intend to do as a Department, especially what you will do in respect to the differentiation between the employees' meals and the staff meals. Let me take the employee type of meal. The allowance in the past has been \$8 for each meal; three meals, \$24 a month. Certainly, there must be a vast difference between breakfast, dinner and supper. We are considering the breakfast as \$6; the dinner \$10 and the supper or midnight meal as \$8—six, 10 and eight still making a total of 24. We are just changing the charge for each individual meal.

In connection with the staff meal, we feel that the staff menu should be somewhat better, but we feel that is an administrative matter. We also know that some dining rooms are more desirable and pleasant than others; there may be flowers on the tables, table cloths and better service. The food may be cooked separately, in smaller quantities, and be for that reason, a little more palatable. We have decided in this case that the charge should be \$9 for breakfast, \$15 for dinner and for supper or the midnight meal, \$12, making a total of \$36 a month. That is just a 50 per cent increase over the employees' meal. This is just a test. We should like your opinion on how to solve this problem.

In the case of children; meals for children under five years of age would be without charge; meals for children over five and up to 12, half price; 12 and over, full price.

In the matter of laundry, as I explained to the stewards (last April, I believe it was, and at that time the picture had just begun to form), there were several ways we could attempt to handle this problem. Our picture is a little clearer now than it was then. We could say: "No charge for laundry; in fact, we are not going to do any laundry for you; we are not running the institutions for employees but for the inmates. We feel that it should be the same as it is with the engineer in Albany. He has to pay for his own laundry, why shouldn't you? We make no deduction, but we won't give you the service." I think the laundry should be done in the institution, although I would go further and say it is an administrative matter again, but that a deduction must be made. I am not referring to the laundry of the nurses—their uniforms. There would, of course, be no charge for that type of personal laundry; but for the employees' laundry, there would have to be made a charge of \$2 per month per capita. That is, of course, in the case of the employees who are in rooms. There would be no additional charge there for the service laundry. For the household and personal laundry, however, for those employees occupying apartments and houses, a charge will be made of \$3 per capita. Of course, there might be a question as to whether this is fair if we make no deduction for household laundry for those employees who live in rooms and make a deduction in the case of those living in apartments and houses. We do feel there is equity in this \$3 charge for those occupying houses and apartments against the \$2 charge per month per capita for those occupying rooms. The full rate will be charged for children. We base that, of course, on the fact that perhaps the child uses no less laundry than the adult.

I understand that in some of our institutions the laundry service is much better than we have here in Albany and that the laundries are operated as well as if not better than private laundries.

I should like to mention an administrative matter which has been brought to our attention: That is, some people might not be paying enough if charged only the \$2 rate, whereas, some might be paying enough if not too much, due to the fact that some employees might send in a dozen shirts a week whereas others might not send in nearly that number. Therefore, we feel a definite limit should be set. I don't think it would be expedient to handle laundry work on an itemized list basis. At the same time, this matter is in your hands as an administrative matter. We should like to know what you think about it. We cannot give you any special benefits unless you pay for them. We feel that it is a very fair charge, and you must consider the charge you would have to pay if you were living on the outside, particularly in Albany. We who live in Albany do not get maintenance.

The State does not intend to make money on this matter of maintenance. That is not our intention, but we do feel that the employees in the institutions get a great deal more than they get elsewhere.

In regard to medical care and hospitalization, as I mentioned in my opening remarks, those who do receive such service from the State institutions must be charged for them. We feel that these employees should take hospitalization insurance just as we have to do. It is, of course, voluntary whether they enter into the hospitalization plan, but we feel they should do so. If they do receive care at the institution, we feel that for a single employee \$1 a month should be deducted; \$2 for a man and wife, and for a complete family including children, \$2.50. I just stated I paid \$24 a year, that covers myself, my wife and three children. That seems little enough for the benefits received. However, there is a definite limit to the benefits I enjoy. There is a definite limit on the number of days for medical care. Therefore, I feel that the minimum family rate of \$2.50 per month or \$30 per year for hospitalization is not excessive. As to whether this should be made compulsory is a problem not yet solved. We are of the opinion that resident employees should accept this; that it should be made compulsory for them but that it should be optional with non-resident employees. We are going to depend a good deal upon the superintendents to help us solve this problem. We shall have to decide before long upon a fair and equitable rate. We are not at all certain as yet, just what should be done. We are not sure but what it is an administrative matter for superintendent or Commissioner.

The next item of maintenance is the furnishing by the State of garages for personally-owned cars. There will be no charge for the State-owned car. We do think for the personally-owned car for an unheated one-car garage, a deduction of \$2 per month should be made. For a heated garage, a rate of \$3 per month should be made, and for a shack or shelter thrown up by the employee or by the State, \$1 should be charged. That is: \$1 for the shelter; \$2 for an unheated garage and \$3 for a heated one.

There are three items which we are of the opinion should be cut out of the expense of the State: (1) Food from stores; (2) Farm and garden produce for every one including the farmer; (3) Domestic service.

I mean by domestic service for employees those employees who are considered State officials, the superintendents, stewards and other officers who enjoy domestic service. We shall, of course, in establishing your gross salaries, have to give values for these maintenance items in order to adjust your salaries to the new group and grade.

I shall speak a little more on the food from stores: for the adult we believe a charge of \$15 per month per capita should be made; for children

from five to 12, a charge of \$7.50; children over 12, the full amount; children under five, nothing. For those who receive farm and garden products: for the adult \$5; for children from five to 12, \$2.50; children under five, nothing.

For domestic service for apartments and houses: for each assigned employee, the cook or domestic, or other type, \$85 per month including meals.

The foregoing charges are based on definite information and figures. I shall send you more specific information on this when I send you a complete tabulation of these figures.

I think generally I have covered the picture. I might say that we have fixed several of these items within the last few days because I wanted to give you as clear a picture as possible.

I might close by saying that we want to be extremely fair in these matters. We are not going to be arbitrary; we are basing most of our decisions, precedents and values on those established in Federal, private and other institutions and services. We have been making inquiries. It has been quite a chore, and we solicit your earnest cooperation and your constructive criticisms. I shall say this to you, that my mind is open on all these matters. I have discussed it for at least two hours every week for many months past with my division heads and with other departments and institutions, and this is the best result we can offer to you today, although, please understand, it is only tentative. We have until next spring to crystallize it. We cannot do anything, you appreciate, in the matter of housing until we send representatives into the field to establish the three qualities of the housing at your individual institutions. I hope your institutions are not in the third quality class, by the way. We shall establish these values with respect to the entire State. We expect to have our representatives go around shortly and visit the institutions. Then we shall work out our plans on some specific basis. That will be our next move. It will aid us materially if you have not already done so, and I know some of the institutions have not, if you will send in any criticisms you may have to make, and in discussing the matter, name the rooms as "rooms 1, 2 and 3" in a certain building.

Recently we have gotten into contact with you in connection with the real property inventory for the use of the budget in its long range capital expenditure plan. We have furnished a plot plan of each institution, and each building has a key number. These numbers do not check with the numbers you have for your buildings. That plan was made up, however, and buildings received certain numbers, and we shall ask you to use the numbers shown on the plot plan recently sent you, that is, the numbers given for each building. I am speaking entirely of housing accommodations and not discussing the specific room that John Brown may have—but

if you mention room 10 in building 13, for instance, that will mean something to us. That, of course, is prerequisite to this establishment of housing values.

I think I have covered it. I believe I have used more time than Dr. Pollock allotted to me.

The CHAIRMAN: We very much appreciate your remarks, Mr. Bryan. I am sure there are many questions; there have been a great many discussions as to what is proposed.

These papers by Mr. Campbell, Dr. Tolman and Mr. Bryan are before the Conference for discussion. I am sure these men who have kindly given us these papers will appreciate a frank discussion and will be willing to answer questions insofar as they have gone in their studies.

Dr. BELLINGER (Brooklyn State Hospital): I have been in the State hospital service for more than 32 years, and, consequently, I listened with interest to the three papers read this morning.

I have heard comparisons drawn between hospitals, which I take it are in the Department of Health, such as the hospitals for the care and treatment of pulmonary tuberculosis, and those in the Department of Mental Hygiene. I hope that when the final classification of these positions is made, it will be kept in mind that the position of attendant in the Mental Hygiene institutions is vastly different from that in the hospitals for pulmonary tuberculosis, and, in fact, all of the other hospitals in the State. It is, to some extent, a hazardous occupation. In writing the annual report, I was quite surprised to learn that there had been an increase of 126 per cent in the injuries to employees of Brooklyn State Hospital during the past year, over and above that of the previous year. At first one might question as to whether this was due to lack of personnel. This was not the case. We kept our vacancies filled, but we had to employ older people who were inexperienced and not trained in the care of patients, who were awkward, and who did not know how to handle themselves.

I wish to say something about the hospitalization and care of sick employees. I think that in most instances they will be willing to avail themselves of the care which the hospitals give them. However, I do not think that they should pay for it.

I do not wish to be disagreeable, but to make comparison between people who work in the institutions and those who work in the Albany offices, is not altogether fair. A man who works in Albany goes home from his office, and, providing things in his home are harmonious, has a good night's rest. With individuals who work in the State hospitals—particularly the officers—it is different. They are living in lunatic asylums, dealing with mentally sick patients. The officers retire at night, but it is not at all unusual for the

superintendent to be called two or three times during the night. He invariably has a telephone at his bedside and is frequently called about matters pertaining to patients and the administration of the hospital. During the past summer, we have had employees who were not always desirable, and I have averaged at least one call during the night; I have had to get up and dress and have men arrested who had stolen the property of the State. These things happen in all the institutions throughout the State. It is entirely different in the Albany offices. Here men work a certain number of hours, go home, have a quiet night and report for duty the next morning.

If I am correct in my recording of what was said this morning, attendants will be called upon to pay \$12 a month for a room with hot and cold water, or \$144 a year; \$24 a month for their meals—a total of \$188; \$2 per month for laundry, and \$1 a month for their medical care—a total of \$36, making a grand total of \$468 a year. If attendants are to begin at \$1,100 per year and are required to pay from this \$468, they will have but \$632 in cash, which is equivalent to \$52.66 a month, which is less than they receive at the present time, as they now begin at \$54 a month and go to \$66. We have had great difficulty in employing attendants at \$54 a month. In some of the hospitals, difficulty was experienced during the height of the depression, as candidates stated they could earn more money with the WPA. We have not been able to get satisfactory employees at \$54 a month in many instances, and we certainly cannot get them at \$52.66 a month. An individual has to have some money with which to live these days. It is different from 32 years ago when attendants got about \$25 a month and could buy a good suit of clothes for \$15. I cannot employ men and women attendants at \$52.66 a month and I doubt if any one else can. Surely, something should be done to start them in at a higher rate of wages if all of these deductions are to be made.

I want to say something about the laundry situation. In the case of a man working in Albany, it has been said he has to pay for his laundry. This is no reason why a man working in Brooklyn State Hospital—who goes out in the morning with a clean uniform and shirt and who, before noon, has a dish of soup thrown on him or is drenched with water—should have to pay for having his laundry done in a hospital laundry, where much of the work is done by patients. While the various laundries in connection with the State hospitals are conducted as well as they can be, we must take into consideration the fact that much of the work has to be done by patients. Accidents occasionally occur; a shirt or some other article may be sent to the laundry and come back in bad condition, in which event the owner is called upon to make allowance for the fact that the work is done largely by patients.

I have been desirous of learning about the status of the personnel allowed to superintendents and other officers. It was my understanding that there was to be no reduction in salary or increments to present incumbents as a result of the Feld-Hamilton Law. If superintendents are to be called upon to pay the present employees assigned to them, together with rent for the home, meals, etc., they will not have very much left.

How about domestic help? Are they compelled to give up their rights under the Civil Service Law? For example, a cook or a maid who has worked for a superintendent for some years—as such employees have in many instances—is she to be compelled to give up her position, together with her pension rights, or what is the status?

Mr. BRYAN: That is an item which has not been considered to date. Suffice it to say, we do not want anybody injured at all. We hope to work it out.

The CHAIRMAN: Is there further discussion?

Dr. VAN DE MARK (Rochester State Hospital): Is there a charge of \$36 per month for the meals of domestic help?

Mr. BRYAN: That is included in the \$85.

Dr. SHANAHAN (Craig Colony): A person so employed cannot come under the Workmen's Compensation Act.

Mr. BRYAN: That is the same situation as that of other State employees in Albany who hire domestics.

Dr. STORRS (Letchworth Village): I realize how difficult this proposition is, but two or three things come to my mind. Geographically, the various institutional homes will differ. It so happens that the homes which some of our employees would occupy, working in the most difficult buildings, would have wash basins; and other buildings do not have them. It would mean you would hire an employee, assign him to a room and charge him more for working in a more difficult building; it would mean that he would not get as much salary in money as the people who live on the grounds in another home without wash basins and do not do as difficult work.

Mr. BRYAN: Might I answer that, Dr. Storrs, by saying, taking actual values, a single room is \$10, the third quality single room would be only \$8. Now, say the third quality room was to have a wash basin, it would be \$1.60 additional; the third quality room would then be \$9.60. Dr. Storrs, my opinion would be, because of your setup, because of your situation geographically, you would have to put certain people nearer the buildings in which they were employed—otherwise they would have to walk three-quarters of a mile to work—charging these people the third quality rate for a

first quality room. I think perhaps it can be worked out. Couldn't they be given a choice?

Dr. STORRS: They could be given a choice, but it would be a question whether they would want to walk three-quarters of a mile, going on duty at 5:30 o'clock in the morning or returning from or going on duty at 11:30 at night.

Mr. BRYAN: We are doing that in Albany. I do not consider that a hardship; you as a physician, might consider it has a salutary effect. That isn't much of a walk.

Dr. STORRS: But supposing you had your rooms overfilled?

Mr. BRYAN: I appreciate you are going to run into difficulties. We have not had an opportunity to do much field work. We will work things out as we sit in with you. I might say we will not do things arbitrarily, but somebody has to set values; we are giving you something to chew on in the next few months as a basis on which to argue and not go off on a tangent.

Dr. MILLS (Creedmoor State Hospital): It seems to me that we cannot go very far in discussing Mr. Bryan's plan until we know the salaries; and so far we have only tentative salary schedules; we have nothing definite.

Another point is that I would like to register my objection to classifying employee quarters in various grades. We have had a lot of headaches dumped on us in the last few years; and if that is to be done, it is going to be another very difficult one, perhaps more severe than we have had heretofore. Our people are going to be dissatisfied; they are going to compare their quarters with quarters in other hospitals; there will be all sorts of difficulties; and I feel very sure there will be a great deal of complaint about it.

I should like to make one comment on Dr. Tolman's remarks concerning the idea that the Feld-Hamilton Law is to be applied to all of the State hospital employees to provide careers for them, to keep the best and to promote good employees. That, of course, is a very desirable aim, we should all strive for it, but in the past two or three years there have been numerous statutes enacted and put into effect which make it practically impossible to get rid of the unfit. I think this should receive serious consideration.

Dr. GREGORY (Binghamton State Hospital): May I amplify a comment in Dr. Bellinger's remarks where he mentioned that we live in insane asylums? I am rounding out my thirtieth year of State service in the Department of Mental Hygiene and, with the exception of one year at Craig Colony and four years at the Creedmoor State Hospital, I have been assigned to living quarters varying from 200 to 500 feet distant from wards where screaming, profanity and vulgarity were plainly audible to me, and to my wife and children, day and night. This is not a desirable living sit-

uation. Such living quarters probably could not be rented to the public by even a high-pressure real estate agent and hence are commercially valueless. In the newer hospitals, such as Pilgrim, the staff quarters are built some distance from the wards and are both attractive and adequate. However, in the old institutions many of the officers and employees are compelled to live in the buildings with their patients. Some of the people who work in the other State departments are probably under misapprehension about institution living quarters and do not realize that medical officers are compelled by statute to live on the grounds of their respective hospitals.

My two sons were born in and went through school and college from State hospitals, and I recall vividly such remarks as, "Isn't there some way by which I can put our address down so as not to show we are living in a State hospital?" They told me they were "razzed" and humiliated repeatedly by other children in their classes and grew to be sensitive about it. True, these are intangibles, as has been stated by one of the previous speakers, but I believe they should be taken into consideration in setting a figure on the value of our living accommodations.

Dr. LABURT (Harlem Valley State Hospital): I do not wish to prolong the discussion. As Mr. Bryan said, we could go on indefinitely. However, I do wish to subscribe heartily to the remarks of Dr. Gregory and Dr. Bellinger. I think perhaps the situation is not appreciated by those who live in a city like Albany. Should a person come to Albany and look about for a place in which to live, I am sure he would not select a place in a neighborhood that is not too savory even if the apartment happened to be first-class. It is the location that he would object to; and if he did accept it, it would probably be at a considerable concession in price in comparison to equal apartments in more desirable neighborhoods. Maintenance values in State service should be considered in the same manner. In the country, employees are compelled to live in the "sticks," as they say; and they are constantly trying to get transferred to institutions that are more desirably located in cities which have all the facilities for entertainment and diversion. In isolated regions of the State, especially now, with no gas and tires, there is very little or nothing for employees to do in the line of entertainment and diversion. Many employees would much prefer to switch first-class accommodations in the "sticks" for a third-class, or even fourth-class, apartment in a city. This situation is a real one to staff members and employees alike and should receive careful consideration, with adequate concessions made in their behalf. Many individuals would not exchange a modest apartment in a city for a palace in the mountains, and a \$100 apartment in a nice city would be regarded by many as worth only \$10 in an isolated region of the State.

The CHAIRMAN: Is there further discussion?

Dr. KEILL (Willard State Hospital): In connection with Dr. LaBurt's remarks just made with regard to locations, I have been informed there is no plan to utilize Section 41 of the Civil Service Law in regard to additional compensation in regard to differences in location of employment. I do not know whether that is correct, but I cannot help but compare Willard with the situation at Rochester and Binghamton where it is possible to be near the center of activities for 10 cents. I think that is one phase that should be considered because I do not believe that a room 20 miles from a movie is as valuably located as one a little closer. I would subscribe to the remarks Dr. LaBurt has made.

There are one or two questions I should like to ask Mr. Bryan through you. In the matter of medical care, I read Mr. Bryan's remarks at the stewards' conference, and I checked up on the rates as given by the Travelers Insurance Company. Twelve dollars, which he states as the annual rate for a single employee, would, I believe, purchase single hospital provisions under the hospitalization plan. I wonder if Mr. Bryan is planning, in the case of State hospital employees, to give them comparable benefits. If Mr. Bryan has the misfortune to be taken ill in Buffalo or New York rather than in Albany, and if he requires hospital care, that hospital care will be taken care of by that plan. Will the State hospital reimburse John Doe—because we are charging him on a commercial rate—if he is taken ill 300 miles from home?

Another point is the matter of the difference in the hospital provisions for those employees ill at home. In other words, in Willard, for example, no provision has been made for the care of sick employees. A man who gets sick at Willard is taken in on the patients' sick ward, he receives room next to a sick patient and he has care comparable to the patient's care, whereas at Pilgrim a very nicely arranged and equipped hospital ward has been provided on a different floor with different nurses and so on, where the employee does not come in contact with patients except incidentally. I wonder if Mr. Bryan has taken into consideration the comparable value of those two institutions. Those are two of which I can speak with some assurance.

There is one other factor in connection with that. While we are taking care of our employees, as at present, we are on the basis of a charitable institution; if we are going to charge those employees for care in the hospital, we immediately change from a charitable institution to a commercial institution doing things for profit, and come under an entirely different classification, which will I believe lead to malpractice liability suits, which will include suits not only against the hospital because of doing something which it should not have done and failure to do something which it should have done, but also because of the fact that for the most part the care of these em-

ployees is given by physicians who are paid primarily as psychiatrists and not as internists, surgeons, etc. I imagine if we go into it on a commercial basis, our insurance rate is going to be pretty high.

In connection with meals, I wonder if an employee who has 76 days off duty a year is going to be charged for the meals of those 76 days, or if he is going to be allowed to deduct for those 228 meals at the end of the year.

Finally, my understanding is that a bill was passed last year permitting the budget director to assign values to the maintenance which might be received by an employee, or which is available to that employee even though he does not see fit to take advantage of it.

There is one other point. In no hospital in which I have worked, and the present is the fifth, has there been provision for caring for maternity cases, either employee or staff, unless it was an accidental affair, by that I mean a sudden precipitation which would naturally have to be cared for in our hospitals, but we make no provision for caring for maternity cases, nor have we made provision for taking care of our employees' families. I think there is some misunderstanding on that.

Another point comes up in connection with hospitals like Willard and, of course, at some other hospitals. We are located out in the country, and if John Doe happened to be injured while driving past the hospital we have to take him in, we cannot refuse him admission if he needs care. No charge is made for that.

Mr. BRYAN: Practically all of these matters have been given consideration by the budget division. The questions of hospitalization and laundry have been argued more than any others, not only by the men in my office but by those who may have visited us, stewards and others definitely acquainted with the problems. As I told the stewards, we knew it was going to be a headache. We give first aid without charge, we have got to do that. When we get sick, we get a private doctor, go outside for a delivery. As you mentioned, if a man is taken ill in Buffalo, he could be taken care of. Perhaps the answer to it is that employees should not receive hospitalization. Still the argument was advanced to me, what are you going to do with the emergency of an acute appendicitis, what are you going to do? You would have to call an ambulance if time is of vital importance. If you did not, the State would have lawsuits on its hands. We have given you something to shoot at. These questions have only raised the objections I supposed they would. In the case of housing, there is the asthetic value to consider as well as the other values which were pointed out. There are many things to be considered before a final decision is made, and we would like to know what you would do. We appreciate your problems, we have all seen the difficulties, but just do not know what the solution will be. I have to decide on mainte-

nance values, and I am giving you the benefit of what we have done and giving you the opportunity of telling us where we are all wrong. This should be done fairly, squarely and equitably with no special benefits to be enjoyed by those in the hospitals other than those which can be evaluated.

Take a superintendent's residence—and it is said some of them are ideal country spots, they have wonderful views, beautiful grounds and are of large size—we have the greatest difficulty with the Legislature in asking for new houses for superintendents who are living in old rookeries, with the greatest luck we get \$25,000. When building for the State, they fail to realize that the State Architect is operating under union rules.

In regard to the undesirability of living in a mental hygiene institution and the boy in college who doesn't like to have his classmates in college know he comes from a nut factory, you recall, doctor, how the Willowbrook people rose up in arms over the building of a school there. They didn't want anybody to say they came from Staten Island where the nuts came from. There is nothing we can do about it. Those who have elected to do their work in the field of mental hygiene have made their choice. To explain my point, I am by profession a civil engineer. For many years, before I joined the State service, I worked in various parts of the country in nice and poor sections as a resident engineer. Every nine months I traveled on; it was a nomadic life; I did not get an elaborate salary. In going from place to place, I had to live in certain places where the conditions were horrible. In Chicago, I lived with a telephone next to me, with 3,000 men on the job; in the middle of the night the telephone would ring, and the message would be that the pumps had stopped. Those things were part of my profession, certain things which, as a professional man, I had to put up with. There is a difference between the lives of a physician in private and in State employment, but if we get into this and try to evaluate everything, we horribly involve and complicate this matter of maintenance values.

Dr. Mills spoke of the headaches which we know will exist. What are you going to do with the employee whom we charge \$12 for a beautiful room with a wonderful view of the river or the ocean, or what not, "swept by ocean breezes," (I do not mean all the hospitals on Long Island), and all he wants to use it for is to sleep in it? He does not want the æsthetic values, he says, "Give it to me at the lower rate." I anticipate you will hear those things and by giving you the picture and having you argue with us in the intervening months we shall get constructive criticisms.

Dr. WITZEL (Newark State School): The slogan, "Equal Pay for Equal Work," has been emphasized here this morning. Not only here, but it is emphasized throughout the institutions. Now I do not know how that is going

to apply to the backbone of our institutions, our attendants. We have to have attendants on disturbed wards, we have to have attendants where there are wetters and soilers. We have to have some, perhaps not so many, on so-called parlor wards. They all get the same basic pay but do not do equal work. In the past superintendents have tried, I know, to compensate some of the older employees working on disturbed wards, by giving them better living quarters. Now, in order to give them better living quarters, we shall have to penalize them; they will have to pay more for these quarters. It is hard enough now to get people to work on disturbed wards and on those of soilers and wetters, and when you use this slogan, "Equal Pay for Equal Work," you will get some headaches. The attendants are not dumb, and we are going to realize that.

Mr. BRYAN: I think that is entirely an administrative matter.

Dr. Ross (Hudson River State Hospital): I should like to ask a question. Suppose an employee does not elect to take these benefits, is it his right to refuse them? In other words, if he doesn't want to live in the institution, can he demand to live outside? If a doctor doesn't like the apartment assigned to him, can he go outside, can he refuse medical care, can he refuse laundry service? Has the employee any choice, or must he accept and pay according to this schedule?

Mr. BRYAN: In general, if we have these facilities, if we have made a capital investment, we expect them to be utilized. If quarters are provided for a superintendent, we expect that superintendent is going to live on the grounds. His is a 24-hour-a-day job.

The CHAIRMAN: We are very grateful to Mr. Campbell, Dr. Tolman and Mr. Bryan for the presentation of these matters. I, with you, appreciate that we are not destructively criticizing; we want to present the difficulties as we see them before the adoption of any classification or salary standardization plan in the matter of maintenance and we appreciate very, very much your attitude in asking us for criticisms. Dr. Tolman, do you care to close the discussion?

Dr. TOLMAN: I should like to say just one thing in reference to the question that was raised about the salary to be paid to attendants. Of course the titles have not been determined yet—whether some are "mental hygiene hospital attendants" or whether some are "criminal insane hospital attendants" or whether all are just "hospital attendants." I should like to point out that the position that most closely resembles your hospital attendant has been allocated 1—2A, \$1,100 to \$1,500.

I do not think there is any problem that has been raised here that cannot be satisfactorily solved. If there are real differences between jobs, those differences can be made plain by the use of properly differentiated titles. We

have to analyze and determine the proper duties of and preparation for each kind or class of job, and then fix the salary, by allocating it to the appropriate service and grade. Perhaps you would be interested to know that in certain positions the board has thought the salaries should be higher than the Department thought. I do not say that is a universal opinion. I should also like to say that personally I am immensely pleased with the interest of the members here, particularly in reference to the importance of the position of attendants.

The CHAIRMAN: Mr. Campbell, would you like to close your part of the discussion?

Mr. CAMPBELL: I do not think there is much more I have to say, Commissioner. One point that some one raised here is significant. Perhaps it is difficult for you to make a constructive criticism of some phases of the cost of maintenance without knowing what the salary is going to be. I hope that it is not going to be long before we are able to establish certain basic patterns; and as soon as we do that, we proposed to set up two or three institutions immediately and hand them over to the Salary Standardization Board to determine what the salaries should be. With that, our work will begin to crystallize and we shall have a picture of both classification and salary standardization. We are working very hard and we are having staff difficulties, just as I know you men are having difficulties in your institutions, but we are trying to do the job in the interests of good administration of your hospitals.

The CHAIRMAN: We sincerely thank you three gentlemen for your contributions.

It now becomes my painful duty to ask Dr. Maxwell C. Montgomery, acting superintendent of the Rome State School, to give us a memorial tribute to Dr. Charles Bernstein.

Dr. Montgomery read his tribute (Page 38).

The CHAIRMAN: I shall now call on Dr. August E. Witzel to give a memorial tribute to Dr. Charles E. Rowe.

Dr. Witzel read his tribute (Page 40).

The CHAIRMAN: We will proceed with the reports of the committees. I will call for a report of the Committee on Construction, of which Dr. Mills is chairman.

Dr. MILLS: There is no report.

The CHAIRMAN: There being no report, no action is required.

Next is the report of the Committee on Nursing, of which Dr. Pritchard is chairman.

Dr. Pritchard (St. Lawrence State Hospital) read his report.

REPORT OF THE COMMITTEE ON NURSING

A meeting of the Committee on Nursing was held at the DeWitt Clinton Hotel, Albany, at 4 p. m., September 23, 1942, all members being present.

Consideration was given to the request of some schools to admit students from schools of nursing other than those of the Department of Mental Hygiene and allow them credit for two years training if such time were allowed by the Department of Education. The present rule is that such students may be given credit for only one full year of school work. This rule was evidently adopted to prevent the possibility of a student graduating from a Department of Mental Hygiene school of nursing without receiving any training there, which could occur if the student were accepted for only the fiscal year and then spent that year in affiliation at a general hospital, as many schools affiliate in the senior year. The committee considers that by amending this rule it is possible to overcome the above objection, and in view of the request of the schools mentioned above and also because the need for graduate nurses is very great, and will unquestionably become greater, the committee recommends that the rule which now reads:

“That students from registered or accredited schools of nursing other than those of the Department of Mental Hygiene who desire to be admitted to our schools, may be given credit only for one full year of school work, provided however that the State Department of Education gives credit for an equal or greater amount of school work accomplished.”

be changed to read:

“That students from registered or accredited schools of nursing other than those of the Department of Mental Hygiene who desire to be admitted to our schools may be given credit for one or two full years of school work, provided that the State Department of Education gives credit for an equal or greater amount of school work completed; and provided also that where credit for two years work is allowed that this must have covered the training given to students of the schools of the Department of Mental Hygiene while in affiliation so that the third, or final year of training, will be spent entirely at the Department of Mental Hygiene school; and provided further that on the completion of three years of training the requirements of the Department of Education will be fully met.”

The committee also gave consideration to the requests of two students recovering from tuberculosis to be readmitted to training and affiliation, and

advised their schools that their readmission could only be considered when approved by the affiliating schools and by the State Department of Health.

Respectfully submitted,

JOHN A. PRITCHARD, M. D., *Chairman.*

The CHAIRMAN: You have heard the report of the Committee on Nursing. What is the pleasure of the Conference?

It was moved, seconded and carried that the report of the Committee on Nursing be adopted.

The CHAIRMAN: Next is the report of the Committee on Home and Community Care, of which Dr. John R. Ross is chairman.

Dr. Ross read his report.

REPORT OF COMMITTEE ON HOME AND COMMUNITY CARE OF INSTITUTIONAL PATIENTS

The Committee on Home and Community Care of Institutional Patients has to report with considerable regret that the number in family care has decreased since the report made at the last Quarterly Conference.

At a meeting held last night, the reasons for such decrease were discussed, as it had been expected that during the summer months the number would increase. We are unable to make any definite statements, but we believe that the reduction, due to military service, in the number of physicians and social service workers on the institution staffs might be partly responsible. Added work placed upon the doctors and social service workers has interfered with the systematic survey that was being carried on for finding cases for family care. It is also felt that because of the vacancies existing in the employees' group in the various institutions, the superintendents are inclined to retain—because of their value as workers—some of their patients who might be placed in family care.

The committee is very reluctant to make any recommendations at this time because we know the difficulties under which the hospitals are laboring. We urge however, that an effort be made to keep the number in family care at its present level. We also suggest that an effort be made to have all employees interest themselves in finding suitable individuals for family care and bring them to the attention of the physicians.

One hundred and ninety-two cases have been paroled from family care. In our opinion, this shows the value of family care because in all probability many of these cases would be still residents of the institution if they had not been tried out in homes.

Respectfully submitted,

JOHN R. ROSS, M. D., *Chairman.*

The CHAIRMAN: You have heard the report of the Committee on Home and Community Care. What is your pleasure?

It was moved, seconded and carried that the report of the Committee on Home and Community Care be adopted.

The CHAIRMAN: Next is the report of the Committee on Statistics and Forms, of which Dr. Pollock is chairman.

Dr. POLLOCK: The Committee on Statistics and Forms met yesterday afternoon at 2 o'clock and was in session until 5. We discussed a variety of forms, mostly relating to record books, laboratory reports and parole records. The details cannot be presented to the Conference but you will be advised of the changes recommended by the committee.

The CHAIRMAN: Are there other committees to report at this time?

Dr. LANG: At the last Conference a committee to study the revision of rules and regulations was instructed to present a revision at this Conference. In the meantime, classification and standardization titles have been discussed. It is the recommendation of the committee that further revision of the rules and regulations be postponed until the titles and duties are designated by the Standardization and Classification Boards. Rules and regulations will be dependent upon those recommendations.

The CHAIRMAN: You have heard the report of Dr. Lang.

It was moved, seconded and carried that the report of Dr. Lang be adopted.

The CHAIRMAN: Is there unfinished business at this time? Does anyone have new business to present? If not, motion for adjournment is in order.

The Conference adjourned.

REPORT OF COMMITTEE ON STATISTICS AND FORMS*

The Committee on Statistics and Forms submits herewith a progress report.

In January, 1942, the committee was requested to review all of the forms used by the administrative offices, the State hospitals, the State schools and Craig Colony. Altogether, there are over 1,100 different forms. Letters were sent to the superintendents of the several institutions asking for suggestions relative to the discontinuance and revision of the forms used by the institutions. After replies were received, the committee held its first meeting of the quarter at Utica State Hospital, February 4 and 5. Dr. Lang, assistant commissioner, and Mr. Hughes, head printer in the Utica printing office, met with the committee and participated in the discussion of the sev-

*Reported at the Quarterly Conference, April 18, 1942, with the committee's recommendations put into effect—after no objections had been received by the Department—by Circular Letter No. 4241 to the superintendents of State hospitals, State schools and licensed institutions, July 13, 1942.

eral forms. A second meeting of the committee was held at Utica State Hospital on March 12 and 13. At this meeting the committee was again aided by Dr. Lang and Mr. Hughes. In the consideration of Craig Colony forms, the committee was assisted by Dr. Glenn J. Doolittle, and in the consideration of nurse forms by Miss Lena A. Kranz, a member of the Committee on Nursing. The committee again met in the State Office Building on the afternoon of April 17.

All the forms used by the department and its institutions were individually considered and the following conclusions were reached.

The committee recommends the discontinuance of the following forms:

DEPARTMENT OF MENTAL HYGIENE FORMS†

1, 3, 15, 24, 25, 28, 29, 32, 36, 40, 43, 45, 47, 48, 52, 66, 73, 76, 80, 81, 83, 84, 85, 85a, 85b, 87, 88, 94, 96, 97, 98, 99, 100, 101, 102, 106, 113, 118, 120, 121, 133, 139, 141, 143, 145, 147, 149, 150, 150a, 153, 154, 155, 155a, 158, 159, 161a, 162, 170, 172, 174, 175, 176, 180, 182, 183, 185, 188, 198, 203, 206, 207, 213, 214, 216, 219, 242, 255, 412.

ADMINISTRATION FORMS

3, 4-12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23a, 24, 27, 29, 34, 36, 36a, 37, 38, 39, 41a, 42, 43, 46, 47, 48, 49, 50, 51, 54, 60, 61, 63, 73, 75, 76, 81, 84, 85, 86, 87, 91, 94, 95, 98, 99, 104, 116, 123, 125, 126, 126a, 128, 135, 141, 146, 148, 155, 160, 168, 171, 172, 173, 174, 182.

MEDICAL FORMS

9, 10, 13, 14, 15, 16, 19, 21, 23, 27, 37, 42, 48, 50, 55, 64, 93, 99, 104, 107, 109, 113, 121, 124, 132, 133, 135, 137, 138, 192, 195, 196, 198, 201, 202, 203, 204, 205, 206, 213, 214.

STEWARD FORMS

1, 15, 17, 21, 27, 33a, 39, 40, 44a, 45, 52, 66, 71, 73a, 74b, 80, 81, 89, 94, 97, 99, 100, 100a, 102, 102a, 102b, 102c, 102d, 103, 104, 105, 123, 144, 147, 149, 150, 153, 155, 156, 156a, 157, 166, 167, 169a, 169b, 170, 173, 174, 175, 177, 183, 193.

NURSE FORMS

5, 7, 8, 9, 11b, 15, 16.

The committee recommends the revision of the following forms:

DEPARTMENT OF MENTAL HYGIENE FORMS

21, 35, 50, 51, 90, 106, 107, 136, 137, 142, 144, 146, 195.

†To save space, only the numbers of the forms concerned are given here. Titles may be found by consulting the Department Handbook of an edition prior to 1942.

ADMINISTRATION FORMS

2, 33, 68, 69, 90, 90a, 90b, 90c, 92, 106, 107, 114, 127, 159.

MEDICAL FORMS

3, 4, 5, 6, 7, 8, 11, 12, 22, 88, 89, 100, 103, 114, 118, 126, 127, 193, 194, 207, 208, 209.

STEWARD FORMS

33, 41, 42, 43, 96, 112a, 113, 114, 115, 130, 163.

NURSE FORMS

1, 2, 6a, 6b, 11a, 12, 13, 14, 17.

Action on Craig Colony forms cannot be reported at this time.

Some of the necessary revisions have already been made but several weeks will be required to complete the work. It is planned to send out circular letters to the institutions when new forms are introduced and to have Utica State Hospital make the changes in the forms as they are revised by the committee. We regret that the volume of work covered by the committee is too great for adequate presentation to the Conference.

Respectfully submitted,

HORATIO M. POLLOCK, *Chairman.*

MINUTES OF THE QUARTERLY CONFERENCE

DECEMBER 19, 1942

The winter Quarterly Conference of the superintendents and visitors of the Department of Mental Hygiene with the Commissioner was conducted at the New York State Psychiatric Institute and Hospital, New York City, on December 19. Besides the report of Dr. Nolan D. C. Lewis, director, on the work of the Institute, and that of Dr. Franz Kallmann on his research in the field of genetic factors in resistance to tuberculosis, Colonel Homer Folks reported on the progress of the work being done by the Temporary Commission on State Hospital Problems. The Honorable William J. Tiffany, M. D., Commissioner of Mental Hygiene, presided.

The CHAIRMAN: Will the Conference please come to order? We have a rather long program this morning and I think it behooves us to start our program; therefore, I will call upon Dr. Lewis for whatever he has to say to the Conference.

Dr. LEWIS: Dr. Tiffany, Ladies and Gentlemen: Although it has always been a pleasure to have you with us annually to participate, both formally and informally in the Quarterly Conference exercises, I feel that we should all be doubly grateful to be here under these particular circumstances. When one stops to consider how few of the political and geographical divisions of this globe there are at the present time where meetings of this sort can be held, as compared to times of peace, we should be impressed. Apparently men can congregate almost anywhere else for other purposes, some sinister, some for various emergencies, some for survival, some for planning war, but where else but here in this country are men privileged to sit and listen to what has the earmarks, at least, of science, psychiatric progress and humanitarian progress, and to plan additional improvements of a medical, educational and social nature? I trust you will bear this privilege in mind if and when you become bored with some of the technicalities of the reports that may be heard later in the meeting.

The CHAIRMAN: The next matter on the program is also by Dr. Lewis, who will give a review of the research work of the Institute during 1942 with some additional comments on psychiatric problems. Again, Dr. Lewis, I call upon you.

Dr. Lewis read his paper (Page 25).

The CHAIRMAN: I think we can all be stimulated and gratified that such an amount of progress has been made along the lines indicated by Dr. Lewis in his report, especially in times of emergency like this when so many of our activities have had to be restricted. Dr. Lewis' paper is before the Confer-

ence for discussion or comment. The nature of it, of course, does not permit of very much discussion.

I am very glad to inform the Conference that some progress has been made in the field of genetics. In an attempt to organize the work in the Department at least we have an item in the budget for that and it was favorably received. The emotional reactions as evidenced in reactions of the esophagus and duodenum remind me of the work of Dr. Draper in duodenal ulcers and gastric ulcers and the type of individuals who develop those things.

Are there any further comments? If not, we shall proceed to the next part of the program which is to be given by Dr. Franz Kallmann, whose subject is "Genetic Mechanisms Underlying the Resistance to Tuberculosis." In this connection I might say that recently, at the National Tuberculosis Association meeting in Philadelphia where there was some similar work of the type to be described here by Dr. Kallmann, it was referred to as exceedingly important and as monumental in connection with tuberculosis. It seems appropriate at this time to present Dr. Kallmann to the members of the Conference.

Dr. Kallmann is on the staff of Manhattan State Hospital, but the work in genetics and this type of work in tuberculosis has been carried on very largely at the Institute. Dr. Travis has been very cooperative in allowing this to be done—Dr. Kallmann.

Dr. Kallmann read his paper (Page 32).

The CHAIRMAN: I think the members of the Conference will all agree that this presentation of Dr. Kallmann's is material evidence of the value of the type of work he has undertaken. The paper is open for discussion. I think it is especially pertinent in view of the surveys which have been made by the State Department of Health in our institutions.

If there is no discussion, we shall proceed to the next paper on the program which is to be given by Colonel Homer Folks, who is the chairman of the Governor's Temporary Commission. This commission, as many of you know, has been, for over a year now, making a survey and making studies of not only the therapeutic aspects of the work in our institutions, but also in regard to the methods and advantages to be determined in parole and family care. We are very glad to have Mr. Folks participate in our program; he always stimulates us—Colonel Folks.

Colonel FOLKS: I am afraid that you will get tired of hearing me at these conferences. I have had that pleasure, and it is a pleasure, several times in the last two or three years.

You will recall that it is not my fault that I find myself chairman of the Temporary Commission which undertakes to deal with these subjects. It was as great a surprise to me as to anyone else to find myself in that posi-

tion, but I am well surrounded by people who are very good in the fields of social service, medical care, and the like. If I fall into the way of speaking positively, please do not mind, I have not the slightest intention of being dogmatic. I begin by saying that as to all the statements I may make, I now prefix the phrase, "This is simply my impression, or my opinion, in the light of such studies as we have been able to make." As to actions taken by the commission, they, with only an exception or two, were taken by unanimous vote.

I am inclined to ask your permission this morning, to talk partly about the commission and its work, the opinions it has arrived at, and partly to range a little more widely as to other things we ought to consider, and might arrive at opinions about. As to some of the things which occur to me as being important, this particular group can make real contributions to the welfare of the people of the State, which no other group can make.

As you know, I have been an observer of the State hospitals for quite a long time, just under 50 years in fact, but I must say however, I have learned more about them in the last year and a half than I did in the other 48 and a half years, in which I have participated in activities in a more or less vague way in relation to them. The superintendents have received the progress report of the Temporary Commission, so I shall not undertake to reproduce the things that are said there, but in some degree, to supplement them. I should not speak of things *done* by the commission, because it does not *do* anything, except make studies; it has made studies and offered suggestions, but it has no status and, as an operating body in the framework of the Mental Hygiene Department, I hope never will have any.

As to studies, we were charged specifically by the Governor to report in regard to the results of insulin shock treatment. Certainly it would not be within our scope to state results in a scientific or psychiatric sense but we are undertaking to say simply what happened in a social, economic or domestic sense, to people who had received insulin therapy. These facts speak for themselves in suggesting that the shock treatment in some way and degree contributed to whatever the social results are. Because there have been more patients treated by this method in Brooklyn State Hospital, (close to one-quarter of the total number of those treated in the State hospital system) and because, under supervision of Dr. Bellinger and Dr. Terrence, treatments were carried on to all appearances on an even keel and in a consistent manner, in our final approach to the question we decided to make a more intensive study of the Brooklyn State Hospital patients. We have done that, I think as fully and intensively from the point of view of social adjustment of the patient as it can be done. We were not satisfied merely with the fact that the patients had or had not come back to the hospital. We

wished to know if they now are able to work. Are they able to maintain their family relationships? Are they supporting themselves, and so on? There are 1,100 of these patients, and we are ascertaining the present whereabouts, if possible, of every one of them, and arranging to have them visited by a competent psychiatric social worker. I do not know if Dr. Bellinger and Dr. Terrence have been able to get any other work done meanwhile. We have been a nuisance to them, we have burdened them with questions, but they have given us every facility and we could not have had more sympathetic and constant support and aid, when asked—yet with no inclination to influence our methods of inquiry, or to forecast its results.

I shall not undertake to sketch for you what the findings are, as this matter was briefly indicated in our progress report. Since that was written, a considerable number of additional patients of the 1,100, have been found; and by the end of this month we expect to have the raw material in regard to the present whereabouts of nearly all those 1,100 patients.

I think we shall have failed to find not more than 3 per cent of the total number, and recalling that they have been out for periods up to five years, and the fact that Brooklyn is a large place, and a hard place to get around in, I think it is quite a good record as to getting the information. To me, the facts in themselves, with the impressions that I have drawn from every source as to what happens to patients of this type, appear promising and encouraging.

We now have well in hand a selection of a "control" group for these 1,100 patients, selecting for each insulin-treated patient another patient of the same sex, age, type, and duration of disease. We plan to look up each of these patients in the same way. Then we check up and see what the comparison looks like. We have a feeling that this is going to be as nearly definite evidence on this subject as can now be obtained. As I say, the commission is responsible for this study. It has had the constant support in every way of Dr. Bellinger and Dr. Terrence, of Dr. MacKinnon of the Institute, and of the subcommittee on treatment of the commission, which includes men whom you all know, and we think it is going to be something worth having done. If we do not get any light from this, I do not think there is any light to be had from this line of approach.

We also have had a study made of social service for paroled patients from Rockland State Hospital. It seemed to us that we needed to know more of the basic facts about what social service can do for patients on parole, what kinds of help the patients need, how many of them need what, etc. So again, a really intensive study was made of 100 patients on parole from Rockland, chosen by a random sampling method. They were chosen by what, even the statisticians say, is a satisfactory method. This 100 is a

fair sample of a total of 1,000 patients on parole. We now have a far more factual basis on which to make recommendations in regard to the place of social service in dealing with patients on parole.

We also had a study made of the particular situation in regard to the parole of patients in New York City, several of the hospitals for which are located some distance outside the city. I think it will be obvious to everyone that, when you have a hospital located 25 or 40 miles from New York City, the problem of getting these patients from the city, treating them and sending them back on parole to the city is somewhat unusual. The very factors of distance and of the size of the hospital create problems which are essentially different from those of a smaller hospital which draws its patients from its own area, and from which patients return to that area when they are on parole.

We have reached some opinions, as you know. As to most of them, I feel quite sure we are right. The first thing was to put on record our very high regard and appreciation of the merit and public confidence in the New York State hospitals. We do not want any doubt in anyone's mind about that, and that was our first formal resolution.

We are also making a study of family care, not fundamentally, but of how the thing is now actually working out in the different hospitals in the New York State system. We have in mind very practical questions—where the homes are found, what they are like, what the people do, what kind of patients get on well, who come back, why, etc., etc. As you know, the family care patients have increased in numbers, there are now around 1,250, and family care does seem to be having good results in quite a variety of ways. We want to have available for all the hospitals the facts regarding how it is done in each of them. We are not, at the moment, trying to draw final conclusions, but to tell how the thing operates and what it looks like up to now.

We have reached another conclusion which I think you all probably would accept as definitely good. If you are dealing in professional work, it is a good thing to have people who have had professional training. I do not know that all of you superintendents have kept in touch with the development of social work. I have had the advantage or disadvantage of having been what is now called a social worker before these words were put together. I have seen the development of the profession from an unrecognized group until there are 42 schools of social work organized in an association of such schools having approved standards all over the country; they take in only graduates of colleges, giving them courses of one year within the school and one year in field work under supervision. There are now just under 70,000 professional social workers. No one would question, I

think, that if you are going to have social work done, and as difficult a kind as psychiatric social work, that you had better get people with training for it. We think they can be had, if we go after them. One important question was, of course, with 9,000 patients on parole, from our State hospitals, how many social workers will it take to look after them in their homes, and to maintain such a degree of contact with them as may be desirable in each particular instance. One of the things that Miss Holloway and Miss Mason, and the commission as a whole, arrived at, is a conclusion that the average number of patients under the care and supervision of a psychiatric social worker, should not be more than 60. There was formerly such a ratio in the Department of Mental Hygiene until the depression changed all standards. A suitable ratio was considered at that time to be 100 patients per worker. For fuller information, see "Social Work as a Profession," by Esther Lucile Brown, published by the Russell Sage Foundation, 130 East 22nd Street, New York City. Over a period of years, the Legislature each year arrived at the number of social workers needed by dividing the total number of patients on parole by 100; and now we hope the number will be divided by 60. I think we may have considerable hope that we are getting somewhere along that line. The State Board of Parole deals with people from prisons and adult reformatories. These people are on parole for a longer time than hospital patients and therefore become better known to their supervisors. Their problems are past the acute stage. They now have one worker to each 75 parolees, so it would seem reasonable that the Legislature might come along with a ratio of 60 paroled patients per worker.

Besides the social workers' parole duties, there are other things that the hospitals, or large numbers of them, are asking social workers to do. There is not complete unity of opinion, but many hospitals are asking their workers to obtain the social history of each patient when he comes in, or soon thereafter. So far as we ascertained, a majority of the hospitals utilize workers in that way, and there are plenty of other things to be done. When it comes to a question of parole, somebody has to take a look at the home, and somebody has to think about a job, and how to minimize the shock of readjustment to the old environment; and there is the shock on the part of the family to which the patient may return, and the question as to how to reduce, as far as may be, to a minimum the number who return to the hospital.

I have a feeling that when doctors are licensed to practise, they all are on an equality and there is no supervision of their work. They are more or less equal in dealing with their patients. That is not true with social workers who graduate from their special schools. We find in the larger family welfare societies, and in other services, that they still need after graduation from a school of social work a lot of consultation and counsel and direction,

in order to gain the ultimate ability to which they may attain, and the ultimate stature which they may arrive at. There is thus a great demand for chief social workers. We are suggesting that each group of six should have a unit supervisor, an older and more mature person who can build them up and help them meet their problems. I was interested, pleased and a little surprised that the State Board of Parole has this system—only they have a unit supervisor for each eight. Again, it seems that the Legislature, since it provides a supervisor for each eight workers for the Board of Parole, might go along with us in providing one for each six of our workers.

I next come to a couple of suggestions by the Temporary Commission that are somewhat more general and which I think are very important. There may be at first some doubt on the part of some of you as to their wisdom. If we had plenty of time to consider them and to develop the considerations "pro and con," for there are "pros and cons," we should find, I think, that there were no real differences of opinion among us. There was no difference of opinion within the commission, except that, as the question would come before the Commissioner later as an administrative problem, Dr. Tiffany was excused by the commission from voting, although he had not asked for such excuse. All the others were fully convinced that in regard, at least and primarily as to the four great hospitals outside of New York City, in treating patients from the city and sending them back to the city, there should be a system which, among other benefits, avoids the daily long railway trips of social workers, consuming so large a part of their working day. For some reason, social workers are not terribly in love with living in the State hospitals for the mentally ill. If they do not have to; they would rather live somewhere else. I can sympathize with them perfectly well. I should have no desire to live in a State hospital. When the hospital is in a remote location, you cannot get enough social workers to meet the desired ratio unless the positions are made as attractive as they can be. I shall not state all the considerations we had in mind for they are numerous and important.

After we got through with the problem of parole of patients to New York City, we observed (what we had not thought of before) that in some large up-State areas there is no State hospital. For instance, in the Albany-Schenectady-Troy area, there is no hospital; patients are taken from 75 to 100 miles to hospitals. So the element of travel to see patients after parole is still greater—and also the loss of time in travel. We are not presenting a perfectly clear-cut suggestion on that; but there is this peculiar circumstance, that the Legislature is classifying all positions in the State service as you know under the Feld-Hamilton Law, and it is finding the mental hygiene institutions really difficult to classify. At this particular time, it

seems to be clear that appropriations will have to be made this year in lump sums for personal service. All we are asking is that the Legislature increase the total appropriations for social service, leaving it to the Department to allocate service to the hospitals, and making it possible to realize within a year the above ratios and plans. It would be impossible to start full-fledged at the beginning of the year. It would take a full year to get the larger numbers secured and organized and at work and the plans going for their supervision. So, as I remarked a few nights ago, I would be willing to settle for 50 per cent of the first year, working up to the indicated total by the end of the year.

We have a subcommittee working on the question of psychiatric services for the patients on parole. Dr. Parsons is a member of our commission, as you know, and I called him in about a week or so ago. He is also a member of the mental hygiene committee of the State Charities Aid Association. I said, "Doctor, I have a new job for you, *a half-time job*, and that is to be chairman of the special committee on the psychiatric care of patients on parole." He did not hesitate a minute, so he is chairman of that committee, and Dr. Cheney, Dr. Stevenson, Dr. Tiffany and myself are also members.

I see Dr. Pritchard here. That reminds me that I intended to say a word about the hospitals in which the special psychiatric survey has been made. As you know, Central Islip and Marcy were the first two. We have received the greatest cooperation and help from them. Whatever may come from such a reexamination of the patients psychiatrically, more especially in the continued treatment wards, we shall owe it to the cooperation of those two hospitals. Now, Dr. Pritchard, who lives up near the North Pole somewhere, so far away that none of us ever get there, has made a similar survey all by himself, with no extra help; and he has done a good job, in fact a swell job, and has gotten out on parole and family care about the same proportion as did Marcy and Central Islip. Middletown is now making a survey and also two or three others, including Pilgrim.

Let me say that I am keenly appreciative of the exceedingly difficult problems that arise by the present lack of attendants in the hospitals. We have tried to help to do one or two things about that, to see if some slight improvement could not be made. I think that some things may happen soon that will ameliorate conditions in some degree. Meantime, I have no inclination to raise questions which normally would arise in regard to possible family care patients who are rendering essential services to the hospitals.

I wished also to say something in a more general sense as to the State hospitals in a changing governmental picture. As you know, I have had a postgraduate course of 50 years in the art and practice of government. I have had a longer observation of the changes which have occurred in the

government of the State and which affect inevitably the Mental Hygiene Department than most of you, possibly longer than any of you. Sometimes you can prevent changes that are undesirable; but if you cannot, you cooperate with them and possibly diminish any untoward effects they may otherwise have. None of you superintendents were superintendents of State hospitals when I came to New York and made my first visit to Utica in 1893. I remember that each hospital then was a law unto itself; there was no authority above it except for purposes of inspection and for the machinery of making appropriations. There was no line budget and no complicated budgetary procedures. Then quite soon we came into an era of diminishing the powers of boards of managers and also of setting up budgetary controls in Albany. I made some eloquent addresses, which at times were more or less effective against the centralizing tendency. The reason my associates and I in the State Charities Aid opposed that, was because—in view of the sources from which it came and of the time it came—it had the appearance to us of opening the doors to partisan politics in the hospitals, and not to their better management, and fiscal control.

Since then, there has been a complete change in the concept of "responsible government" in the State of New York. I wonder if you quite fully appreciate what has gone on and how far it has gone. We have come to see that the boards of managers, with their separate controls, are no longer possible under the different type of government that we have adopted, and we have come to believe that the discontinuance of their powers was necessary and proper. From the time of the constitutional amendment which Governor Smith brought about, we have had what is called responsible government in New York State. It is best to get clearly in mind what is meant by that. It is a government which is responsible through the steps of a hierarchy up to the Governor, and one step beyond him, to the people of the State. One purpose was to subordinate every factor within any department completely to the head of that department. That is true in the Department of Mental Hygiene. The commissioner is not only head of the Department, but has full authority to make rules and regulations and to control and direct every agency and activity of the Department. Well, many people speak of the hospitals and also of a Department at Albany, as though they were two separate things. That is not the case. It is all one, and it heads up to the Commissioner. His powers are really very complete; but it does not follow from that that he is a young Mr. Hitler. He has another boss over him, as have other commissioners, the Governor of the State. He is responsible to the people for the quality of the operation of the hospitals from the top to the bottom. The Governor has his boss too, and it is the people of New York State. We wish the Mental Hygiene Department had more continuing

and skilled access to that ultimate boss, namely, the people of the State. The people want to know about the departments and their work, and their judgment on these matters will enter into their choice of future governors. That is the plan and we shall do well to recognize it, that is the way it has to work.

I had another thought which I intended to mention, but I do so with some hesitation after listening to that remarkable paper of Dr. Kallmann's and to Dr. Lewis' statements of the work the Institute has in hand. I was thinking of the possibility of increasing our knowledge of the causative factors in various types of mental disorders. It is in a sense to make a plea to you more experienced superintendents. We all know that we do not know too much about this; at least there is little common acceptance as to the causes of mental disease. A decade or two ago we learned the cause of paresis; that is one type we know about; but there are other types we do not really know much about. If we knew more about them, we think we could do more. As it is, we have to get hold of them as best we can, we have to try one thing here and another there, and bit by bit, by trial and error and by observation, we gain a little knowledge at least of what we are dealing with and what we may be able to do about them.

I was greatly interested in some of the outlines of case histories in Miss Holloway's report. If you have not read them, do read them. We have to balance different possible factors, and to my mind, these case histories seem to emphasize the environmental factors.

I thought I would take a few case histories with me to Albany not long ago and Dr. Black was good enough to bring three of them to my office. They were as heavy as a well-filled suitcase, 125 to 150 pages in each. This is not said in criticism but in appreciation. I'm no athlete, and I did not take them to Albany. Here is my thought: Isn't it the case, that in these case histories, especially as to the earliest stages of the disorder, you have in your hospital records volumes of information which, if it could be converted into knowledge—if it could be analyzed and synthesized as to the different groups—would indicate certain types of living as tending to various types of disorders? The case of Mrs. K. in Miss Holloway's report was a very clear-cut social type, a person who grew up under institutional conditions from birth to womanhood. When you get that far, you can see that everything was against her from the start; in her childhood she had no one to help her, no one interested in her, and she was unpopular wherever she went because she struggled against that isolation. In such cases, there is no real home, no family, no mother, no father, no family ties, no training. An unfortunate outcome seems predictable. But there must be other types, which would be identifiable, in the written records or in the knowledge of the psy-

chiatrists of the hospitals. Some of you may know the answers to some of these questions. Some of you may have sorted out and identified other patterns of living that seem likely to lead to special sorts of mental disorders. What I want to say is—if any of you feel that you have learned something about this business in these years, if you now know something about the types that come to you and why they come, and what can be done for them, please put it down in writing, put it down for a book, put it in words of two syllables; and if you cannot do that, put it in any kind of language and get someone to translate it for you. I tried to get Dr. Hutchings when he retired to write a book on "Fifty Years in a State Hospital." I thought he was going to do it, but I fear I was mistaken.

Another thing, I am not now so anxious about is the 82,000 on the census of the State hospitals. We are sure they can be taken care of; we have the hospitals for them; and we know how to take good care of them. In view of the present rate of admissions to the hospitals, in the next 20 years or so we shall have to do better than we are doing or our problem will be beyond our powers. We literally must, by increasing our knowledge of causation, arrive at means of prevention. This should not be impossible. Most of our great medical discoveries have come somewhat by accident, and sometimes they have been just the growth of a sense of such things by the common people. I suppose the greatest of the preventive measures ever taken was vaccination against smallpox. It was a terrible disease, very common and often fatal. The discovery of vaccination came bit by bit, as there was built up among the common people the tradition that if you got cowpox you did not get smallpox. A certain doctor named Jenner heard a humble patient say, "If you get cowpox, you will not get smallpox." He pondered on this remark, he did not dismiss it as nonsense; he observed patients and inquired. Thus, vaccination came about. These foolish traditions of the common people often represent the half-unconscious sifting of many experiences for their net contents of fact. Don't despise them.

Shock treatment came about by accident because among many diabetics who took insulin there were a few mental patients whose minds as well as bodies were thus improved, and so insulin entered into the field of mental disease. So by trial and error, by bringing together all the information we have, by more intensive work on situations in families and in communities, I am sure we could get a better working program toward the reduction of mental disease. If I can make even the least contribution to that end, whatever else we do or may not do, I shall be very, very happy.

The CHAIRMAN: Mr. Folks, I am sure the members of the Conference join me in expressing our great appreciation for your stimulating talk. Are

there any members of the Conference who desire to discuss Mr. Folks' comments?

Dr. BELLINGER (Brooklyn State Hospital): Commissioner Tiffany, Ladies and Gentlemen of the Conference. I have followed with interest what Colonel Folks said with respect to the insulin studies which are being made at Brooklyn State Hospital. I can assure you that it was, indeed, a pleasure for us to cooperate with the group doing the work there for the past four or five months.

I fully agree with what Colonel Folks said as to the need for more social workers in the State hospitals. I do not wish to speak disparagingly of the workers we have, but I do hope we can have more of them and I believe if we can pay them better salaries we shall be able to procure their services. I hope that the salary can be made sufficient to attract individuals who are well trained and who will be contented to remain with the institutions over a period of time. I think it would be a mistake to pay social workers less than some employees in the State hospitals who have had little, if any, training and who are in the labor class.

I am not in full agreement with what was said about social workers being permitted to live outside the institutions. I cannot understand why it is any worse for a social worker to live within the hospital than it is for the doctors and other employees who are required to do so. I believe that it is very desirable to have social workers live where they are available at all times. I believe that if the superintendent feels the social workers can be of more value to the hospital by living at the institution, they should be required to do so. On the other hand, if the superintendent feels that a social worker can be of greater service to the patients and to the hospital by living outside, as is the case at Utica State Hospital, where one social worker lives in Schenectady and covers the eastern end of the State hospital district, returning to the hospital once each week, then I think that arrangement should be made. However, I believe that the matter of the residence of social workers should rest with the superintendents of the institutions in which they are employed. I do not think they should be set aside as a special group and told that they can reside outside of the hospital, irrespective of the wishes of the superintendent, as such action would invariably interfere with the proper conduct of some of the institutions, and would, in my opinion, be fundamentally wrong.

We have not been able to get sufficient experienced, well-trained social workers at the salaries we have been able to pay them.

I have followed with interest what was said about the care in the metropolitan area of parole patients who have been paroled from institutions located some distance outside the city. I have been asked about this before

and I will say, as I have heretofore said, that I believe this problem should receive much thought and careful study before anything is done about it. I believe that every attempt should be made to keep the patients under the supervision of the superintendents of the hospitals from which they are paroled, to the end that the patients will not lose the benefit of such contacts as they have made with the institutions. If these patients, following their paroles, are to be supervised by workers who are in no way connected with the hospitals in which they received their treatment, their contacts with the respective institutions, which I think are very helpful to them in some instances, will at once be broken.

I am also of the opinion that the superintendent of the institution from which the patient is paroled, should be held responsible for such parole and should, therefore, have some oversight over the patient, directly or indirectly, during the parole period, for if the responsibility for the supervision is to be taken from him, then he can no longer be held morally responsible for the acts of the patient. We all know that when responsibility becomes too divided the results are not likely to be good. If a man is seriously ill and he employs too many doctors, sooner or later he is no one's patient, the responsibility for his treatment becomes so divided and so complicated that he is likely to suffer as a result. If the responsibility for the care and supervision of paroled patients is to become too divided, it is my belief that incidents would occur which might be of such a serious nature as to arouse the public, with the result that the Legislature might be induced to pass laws which would seriously interfere with the parole of our patients.

I do not think that we should attempt to follow too closely the parole system of the penal institutions. We might incorporate in our system any good factors they have to offer. However, we should not confuse the problem of the supervision of mental patients who are on parole with that of criminals who are paroled from penal institutions, as in my opinion, the problems in each group are vastly different.

The CHAIRMAN: Is there further discussion? Do some of the superintendents of the institutions where the surveys have been made, wish to make comment on the results of the work with insulin therapy?

Colonel FOLKS: May I say a few words?

There are few persons in this work whose judgment and accomplishments I value more than I do those of Dr. Bellinger. I might say that I hardly expected that we might be completely in accord on this subject. I might venture in the long run, to continue to differ from Dr. Bellinger on this matter and yet have complete respect for him.

I did not indicate at all how the medical work would stand in a parole center. That might still remain directly the responsibility of the hospital.

As there might be some modifications, we await Dr. Parsons' committee's report on that. Also, when I spoke about social workers not living at the hospitals, I meant particularly the hospitals located a substantial distance away from the city. The social workers living at the institutions lose contact with the community where the parolees go; especially the family welfare agencies, and all kinds of other health and social agencies. They are not in the city except a few hours in the day. There is no one to whom the parolee—if we use that term for want of a better one—can turn at once, or with whom his family might have an immediate conference in a seeming emergency. When you balance it all up, I think more and more we come to feel that certainly as to the hospitals located some distance away from the city, the advantages very definitely incline to a separate supervisory organization. I hope we won't call it a parole center. I hope we can get hold of the right word. We might call it a mental health center as Dr. Russell suggests.

I think that can be done in the city of New York. We could have a center of direct contact between the Department of Mental Hygiene and the people who have been in the hospitals and their families and make a good job of it. We are all the time shifting some parolees from one control to another. If the social workers live in the city, I think supervision and helpful service to parolees would be handled better. Another thing, a few of the patients might like to seem to cut the ties with the hospital. There would be no cutting of the ties really, just a question of getting the most for our money from the social workers at the hospital, and from those doing useful work 25, 50 or 60 miles away from it. This is one of the things in the report I strongly believe is a very sound contribution. The work will still be done under the supervision of the hospital. The superintendents should feel it is still related to their work. The patients can be so informed. Just because it is done in another locality, or just because there is a little different channel of connection, it is not divorced from the work of the institution. It is still a part of it, but the element of distance has been avoided. We have to recognize that fact, and set up some plan to do the best we can under these circumstances and find our way step by step with the sympathetic help of all concerned.

The CHAIRMAN: Before we proceed with the program, I would like to take this opportunity to introduce Mr. Paul O. Komora, who is the new assistant secretary of the Department.

Mr. KOMORA: Thank you, Dr. Tiffany. I am sure I haven't anything of great value to contribute to the discussion, but I welcome this chance to say how happy I am to be in the Department. I have not been a total stranger to the Department, as you know, having had frequent contact with it during

my long association with the National Committee for Mental Hygiene. I am an "old hand" in mental health work, my "life span" in this field extending from World War No. 1 to World War No. 2. Through all these years I have been, so to speak, "on the outside looking in;" now I am "on the inside looking out," and I must say the view is very different.

I have always looked at the State of New York, in mental hygiene matters, as more or less a laboratory for the nation, wherein new ideas and new techniques have been tested and developed, and where good standards of care and treatment of the mentally ill have been exemplified to a high degree. This is illustrated again by the enterprising work of the Temporary Commission on State Hospital Problems, discussed by Mr. Folks, and by Dr. Lewis' report on the activities of the Psychiatric Institute in exploring the new frontiers of psychiatry and its allied medical sciences. I was particularly impressed by Dr. Kallmann's revealing study of the influence of genetic factors in tuberculosis, and while I am not competent to discuss so technical a paper, I venture to say that even I as a layman can appreciate the significance of his findings for psychiatry and mental hygiene. I am familiar enough with Dr. Kallmann's pioneer investigations in heredity and his fascinating twin-studies to understand that he has linked up the genetic aspects of schizophrenia with hereditary low resistance to tuberculosis and has demonstrated the similarity of the mechanisms of inheritance operating in the two diseases.

In this connection, it is pertinent to recall the figures cited by Mr. Folks at a recent Quarterly Conference as to the frequency of tuberculosis among patients in State hospitals. He said that 8.2 per cent of deaths from this disease in New York State in 1940 occurred in mental hygiene institutions; that while the State hospitals had 0.6 per cent of the State's population, they had 8 per cent of tuberculosis deaths—or a tuberculosis death rate of 586 per 100,000 as against 40 for the general population. I don't know what correlations Dr. Kallmann has given us but, in the light of his researches, there is an obvious relationship between the large schizophrenic population and the high incidence of tuberculosis in our State hospitals that bears study. Incidentally, Dr. Kallmann's studies reflect the increasing emphasis on constitutional and broad biological factors in psychiatric research as against its environmental and social aspects, as Dr. Lewis brought out in his review. These findings, it seems to me, present interesting possibilities that are a challenge to the clinical and administrative genius of our "frontier" psychiatrists in applying, in ways Mr. Folks hinted at in his stimulating address, the knowledge already gained from the new and promising field of investigation that Dr. Kallmann is opening up to us.

My few months with the Department have served to sharpen the admiration I have long felt for the achievements of the men who conduct this State's great institutions for the mentally ill and mentally deficient. I had occasion recently to assist in preparing for the State War Council a report on the civilian protection activities of these institutions, and I was astonished by what has been accomplished, in spite of handicaps, and with virtually no funds specifically available for the purpose, in bringing their organizations to a state of preparedness for the emergency. They have shown great diligence and resourcefulness in meeting up to the requirements of the war situation. The superintendents are faced with many and difficult problems—those due to the growing shortage of personnel being especially serious—and, notwithstanding, are carrying on their essential activities and, at the same time, contributing impressively to the war effort. I deem it a privilege to be associated with them and I hope I may be able to serve them during this critical time and at all times.

The CHAIRMAN: The next matter on the program is a Memorial Tribute to Mrs. Eleanor C. Slagle by Dr. Philip Smith, the chief medical inspector.

Dr. Smith read his tribute (Page 43).

The CHAIRMAN: The next on the program is a Memorial Tribute to Timothy E. McGarr, for years the secretary of the Department and well known to many of us. Dr. Merriman will read this tribute.

Dr. Merriman (Utica State Hospital) read his tribute (Page 46).

The CHAIRMAN: We now come to the reports of committees. The first one to report is the Committee on Nursing, of which Dr. John A. Pritchard is the chairman:

Dr. Pritchard (St. Lawrence State Hospital) read the report of the Committee on Nursing.

REPORT OF THE COMMITTEE ON NURSING

The Committee on Nursing met at 4 p. m., Friday, December 18, 1942, at the Hotel Commodore, New York City, all members being present.

Under date of October 29 the Department referred to the committee a communication it had received from the health director of student nurses at Medical Center, Jersey City, a layman, who suggested that his program be adopted for training schools of this department. He was interviewed by a member of the committee and it is the committee's recommendation to the Department that it is not desirable or expedient for him to inaugurate his program in whole or in part in our schools as most of his suggestions are already in effect in our hospitals.

The principals of the schools of nursing met in Brooklyn last year at the time of the meeting of the New York State Nurses' Association and on

recommendation by your committee the commissioner approved the payment of their expenses by the hospitals. Those principals who attended the meeting of the League of Nursing Education in Rochester on October 15 last also arranged a session at which problems of training schools were discussed. As a result of these meetings, your committee was asked to give consideration to certain suggestions regarding training school matters and it did so at its meeting.

From reports made to the committee, it appears that the use of the term "junior" as applied to first year students is confusing as in schools and colleges this is the classification of the students in the year preceding the senior, and similarly the term "freshman" is always applied to a first-year student. Your committee therefore suggests that beginning with the admission of the next class the students be known as "Freshmen," "Juniors," and "seniors," rather than "Juniors," "Intermediates" and "Seniors" as at present.

In view of the widespread feeling among principals of the schools of nursing that reasonably frequent meetings are desirable and definitely helpful and make for the maintenance of uniform practices, it is the recommendation of your committee that the chairman of the Committee on Nursing be authorized to call a meeting of principals of schools of nursing once each year at such time and place as seems most expedient, and that the expenses of those attending be defrayed by the hospitals.

The following tables of graduates and students of the schools are herewith submitted.

The following table shows the number graduated by each hospital in 1942:

	Men	Women	Total
Binghamton	3	10	13
Brooklyn	13	23	36
Buffalo	0	7	7
Central Islip	7	19	26
Craig Colony	5	9	14
Creedmoor	3	10	13
Gowanda	6	5	11
Harlem Valley	0	0	0
Hudson River	4	6	10
Kings Park	2	10	12
Manhattan	0	0	0
Middletown	4	12	16
Pilgrim	0	0	0
Rochester	0	8	8
Rockland	12	8	20
St. Lawrence	4	14	18

	Men	Women	Total
Utica	0	14	14
Willard	3	4	7
	66	159	225

The following table gives the number of students admitted to each school, the regular admission date being September 2, 1942:

	Men	Women	Total
Binghamton	0	17	17
Brooklyn	4	32	36
Buffalo	0	0	0
Central Islip	1	21	22
Craig Colony	0	12	12
Creedmoor	2	6	8
Gowanda	0	9	9
Harlem Valley	2	13	15
Hudson River	2	12	14
Kings Park	1	10	11
Manhattan	0	7	7
Middletown	1	17	18
Pilgrim	0	13	13
Rochester	0	12	12
Rockland	0	13	13
St. Lawrence	1	33	34
Utica	0	10	10
Willard	0	6	6
	14	243	257

On October 15, one man and six women, a total of seven, had left the schools for various reasons.

The following table shows the number of students in the State hospitals and Craig Colony schools of nursing as of October 15, 1942:

	Total			Juniors			Intermediates			Seniors		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Binghamton	5	36	41	0	17	17	0	11	11	5	8	13
Brooklyn	30	90	120	4	32	36	11	29	40	15	29	44
Buffalo	1	3	4	0	0	0	0	0	0	1	3	4
Central Islip	13	66	79	1	21	22	7	27	34	5	18	23
Craig Colony	6	29	35	0	12	12	2	8	10	4	9	13
Creedmoor	11	18	29	2	5	7	0	11	11	9	2	11
Gowanda	6	28	34	0	9	9	3	12	15	3	7	10

	Total			Juniors			Intermediates			Seniors		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Harlem Valley.....	6	21	27	2	12	14	1	3	4	3	6	9
Hudson River	7	35	42	2	12	14	3	16	19	2	7	9
Kings Park	4	22	26	0	9	9	3	6	9	1	7	8
Manhattan	0	18	18	0	7	7	0	11	11	0	0	0
Middletown	10	40	50	1	16	17	5	13	18	4	11	15
Pilgrim	0	30	30	0	12	12	0	11	11	0	7	7
Rochester	4	28	32	0	12	12	2	7	9	2	9	11
Rockland	10	31	41	0	13	13	3	9	12	7	9	16
St. Lawrence	4	56	60	1	32	33	3	13	16	0	11	11
Utica	0	35	35	0	10	10	0	15	15	0	10	10
Willard.....	2	21	23	0	6	6	0	10	10	2	5	7
	119	607	726	13	237	250	43	212	255	63	158	221

The following is a summary of information regarding the training schools:

	Men	Women	Total
Graduated in 1942	66	159	225
Total in schools October 15, 1942:			
Juniors	13	237	250
Intermediates	43	212	255
Seniors	63	158	221
	119	607	726

In addition to the above, the following students are in military service:

Binghamton	2
Brooklyn	9
Buffalo	2
Central Islip	6
Craig Colony	1
Creedmoor	1
Gowanda	1
Harlem Valley	1
Hudson River	1
Kings Park	2
Middletown	1
Rochester	2
Rockland	5
St. Lawrence	5
Willard	3

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Respectfully submitted,

J. A. PRITCHARD, M. D., *Chairman.*

The CHAIRMAN: You have heard the report of the Chairman of the Committee on Nursing. What is the pleasure of the Conference?

It was moved, seconded and carried that the report of the Committee on Nursing be accepted.

The CHAIRMAN: The next is the report of the Committee on Home and Community Care of which Dr. Ross is the chairman.

Dr. Ross (Hudson River State Hospital) submitted an informal report.

The CHAIRMAN: What is the pleasure of the Conference regarding the report of the Committee on Home and Community Care?

It was moved, seconded and carried that the report of the Committee on Home and Community Care be adopted.

The CHAIRMAN: Next is the report of the Committee on Sick Leave of which Dr. Mills is the chairman.

Dr. MILLS: (Creedmoor State Hospital): Mr. Chairman, by your direction I circularized the institutions under the Department of Mental Hygiene as to difficulties encountered, if any, in administering "Sick Leave" rules and requested suggestions if superintendents thought they should be modified or clarified.

Replies showed that the majority believed "Sick Leave" privileges were being abused and that the rules should be tightened up. Also that they were not entirely clear in one or two of their provisions.

A meeting of your committee was held yesterday, December 18; the suggestions, criticisms and questions submitted were discussed, and a report will be submitted to you shortly.

The CHAIRMAN: What is the pleasure of the Conference regarding this report?

It was moved, seconded and carried that the report of the Committee on Sick Leave be accepted.

The CHAIRMAN: Next is the report of the Committee on Statistics and Forms of which Dr. Pollock is the chairman.

Dr. POLLOCK (Director of Mental Hygiene Statistics) read the following report.

REPORT OF THE COMMITTEE ON STATISTICS AND FORMS

To the Members of the Quarterly Conference:

Your Committee on Statistics and Forms met at the Psychiatric Institute on the afternoon of December 18.

The committee considered a form proposed for standard book record of admissions, discharges, deaths and daily census. As the form had been submitted to the superintendents of the institutions of the Department and had been disapproved by two-thirds of them, the committee decided not to recommend its adoption.

The committee considered other forms and voted to recommend for adoption a new form entitled "Consultation Request" and a new "Mortuary Card."

The committee began the revision of the Statistical Guide which was last revised in 1934. The work involved was found too great to be finished at one session, but the committee hopes to have the revision complete before the next Conference.

The institutions will be advised by circular letter of the action taken by the committee.

Respectfully submitted,

HORATIO M. POLLOCK, *Chairman.*

The CHAIRMAN: What is the pleasure of the Conference regarding this report?

It was moved, seconded and carried that the report of the Committee on Statistics and Forms be accepted.

The CHAIRMAN: Are there other committees to report at this time?

Is there any unfinished business to come before the Conference?

If not, this is the meeting at which the election of the officers' representative on the State Hospital Retirement Board for a two-year period beginning November, 1942, takes place. Are there any nominations?

Dr. PRITCHARD: I would like to nominate Dr. Ross to succeed himself.

The CHAIRMAN: Are there any other nominations for this office?

If not, what is the pleasure of the Conference regarding the nomination of Dr. Ross to succeed himself?

The motion was made, seconded and carried unanimously for the election of Dr. John R. Ross to succeed himself as representative on the State Hospital Retirement Board for a two-year period beginning November, 1942.

The CHAIRMAN: I believe Dr. Lewis notified us that luncheon will be available downstairs. Motion for adjournment is in order.

The Conference adjourned.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JULY 1,, TO DECEMBER 31, 1942

NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY OF NEW BUILDINGS, ETC.

STATE INSTITUTIONS

BINGHAMTON

Binghamton State Hospital has purchased a new electric shock therapy apparatus, which is now in use.

BROOKLYN

The WPA has continued its work at Brooklyn; the old concrete roadway in front of building No. 9 has been replaced with a new concrete roadbed; the pavement in front of the storehouse has been renewed; work on the five-family staffhouse has progressed satisfactorily, the building is now enclosed and the plastering is approximately 50 per cent complete.

The exterior trim and the interior of the assembly hall have been repainted; a new asphalt tile floor has been laid in the recreation room in the basement of the gymnasium; extensive repairs have been made to the copper gutters on buildings Nos. 6, 8 and 9. An extension to the south side of the main garage to accommodate the new ambulance is nearing completion. The pavement in front of the garage to the north of building No. 10 has been widened and a new retaining wall and walk are in process of construction.

A new ambulance to accommodate 35 persons, with facilities for four stretcher cases, was delivered in August. Soon after the beginning of the fiscal year a new electric shock machine was purchased and placed in operation.

BUFFALO

An improvement of importance to Buffalo State Hospital was finished when a local construction company completed the laying of a new concrete sidewalk on Elmwood Avenue. It is 1,360 feet long by six feet wide.

CENTRAL ISLIP

Construction work on Central Islip's new infirmary building, No. 95, for 600 patients has been advanced 56 per cent.

A WPA project has completed interior renovations in North Colony Home for employees, and interior painting of Groups S, and M, and is now in progress in the Admission building.

Rewiring of the fire alarm system has been completed, but replacement of the overhead transmission lines, connecting the North Colony to the South Colony, and the rewiring of Group I, in the South Colony, has been suspended for the duration of the war. A new washer, with automatic control apparatus, and two six-roll flat work ironers have been installed in the laundry.

CREEDMOOR

A contract for enclosing elevator shafts in kitchen 1 at Creedmoor and providing electric safety devices for the doors has been completed; also a contract for moving a well house and installing a pump. The contract for the new turbo-generator is not yet finished.

Although shortage of skilled mechanical labor and of materials has slowed up much of WPA activity at Creedmoor, still a number of important features have been finished. The WPA has been of very great value to the State in services performed at Creedmoor, and many improvements were originated and carried to completion which would not have been possible otherwise. The hospital administration was very sorry to learn that all WPA activity there will cease on February 1.

Features completed during the past six months were: renovation of interiors of kitchens 1 and 2, with new hoods for exhaust systems and considerable new equipment, and in kitchen 2 a complete rearrangement of refrigerators and cooling system; retiling of the floor in kitchen 3; installation of asbestos covering and painting on approximately 9,000 feet of pipe; installation of 10 new street lights in the vicinity of the power house; the building of a concrete road to the root cellar; and the installing of approximately 18,000 square feet of acoustical ceiling tile.

Grading and landscaping was continued as long as weather permitted, and interior and exterior painting is still under way.

Other important projects now completed, of which reports have not been published previously, include construction of a root cellar—under way for a year; an extension to the shop building to provide a new electric shop, storage facilities and nearly doubled floor space for the mat shop; and a renovating job which gave the hospital a new modern barber shop with many new fixtures. A large sum was spent for WPA labor in landscaping and painting projects.

HUDSON RIVER

Discontinued dining rooms on ward 8, south wing of the main building at Hudson River, have been changed over to a dormitory for 36 patients.

A new X-ray equipment has been purchased and located in the main building, in a space formerly occupied by the board of visitors' room and medical library, with new accommodations on the second floor of the administration building for the board of visitors and the library.

A new cafeteria type dining room has been provided in Ryon Hall for 150 employees working in the main building, north and south wings, Pilgrim Hall and Ryon Hall. An incinerator, constructed by the hospital from old materials on hand, is now in operation.

KINGS PARK

Kings Park State Hospital has purchased a 16-millimeter projector which will make it possible to show motion pictures for the benefit of shut-in patients.

Construction of a new horse barn and implement storage shed has been started. The WPA steam tunnel project at group 3 progresses slowly because of inability to obtain labor.

MANHATTAN

Much effort has been expended at Manhattan to improve the food facilities throughout the hospital with particular emphasis on sanitation and service. The connecting covered corridor between the Verplank building and its cafeteria has been completed and the ingress and egress of patients, 550 rather feeble and deteriorated women, have been made much easier. They formerly had to go out to meals in inclement weather and climb up and down stairs. Formerly only half used this cafeteria, but now all eat there. The interior of the dining and serving rooms has been remodeled to expedite service. A new cafeteria has been opened in the new branch service which cares for acutely disturbed female patients. A tile floor has been built, a new ceiling has been constructed, the walls have been painted, and new tables have been supplied; for the serving section, a warming oven was procured. These excitable patients quickly fell in with the idea of self-service; they now take their meals much more quietly; and it is believed this improvement was brought about by a cleaner, a much more sanitary and a generally improved environment. Work was commenced in December for a complete renovation of kitchen 1; new tile will be set in the floors and walls. An additional cold storage room was constructed for kitchen 1. A tile floor was laid in the Keener serving room and a new wooden floor was placed in the Higgins dining room. A diet kitchen, supervised by a trained nutritionist, was ready to function in July in the service for medical and surgical cases, both patients and employees. Linoleum top tables have been supplied for the old branch building dining room.

Fire escapes have been installed at the annex and main buildings. Contracts have been let for the installation of elevators at the annex and Mabon buildings.

Bids have been accepted for various types of work in the power plant, but because of the difficulty in securing priorities, progress has been impeded. The reconstruction of the coal dock and hopper is about finished.

The annex building formerly housing the department of occupational therapy, has been remodeled for the care of bedridden female patients; one ward is now occupied. The O. T. department has been transferred to commodious quarters elsewhere.

Under the WPA program, in many of the ward buildings, painting and plastering have been completed; the exteriors of several structures have been painted. Work has been begun on removal of the third story of the main building, and one section of the east wing has been finished; the original Mansard roof has been replaced by one of the parapet type. The east building has been 60 per cent demolished.

The following expresses in tabulation form the work done by the WPA:

Item No.	Description	Estimated quantities	Completed to date	Per cent completed
1.	Painting	7,412,500 sq. ft.	5,482,250	74
2.	Removing plaster	34,000 sq. yds.	17,680	52
3.	New plaster	34,000 sq. yds.	17,680	52
4.	Demolition	2,756,000 cu. ft.	1,157,520	42
5.	Roofing	80,000 sq. ft.	8,800	11
6.	Carpentry	800 MBM	112	14
7.	Brick	200 M	30	15
8.	Plumbing, heating	30,000 lin. ft.	9,600	32

MARCY

The \$87,104 WPA project for grading, seeding, landscaping, transplanting trees, construction of sewer lateral and water lateral for two comfort stations at Marcy was started in March, 1941, suspended in May, 1941, on account of lack of labor, again started early in November, 1941, and is now 14 per cent completed; but work has been discontinued because of decreased WPA appropriations. The \$29,720 WPA project for interior painting of buildings A, E, G, F, west kitchen and D diningroom and exterior painting of buildings A, D, staffhouse and assembly hall was approved in January, 1942; work was started in February and is now 48 per cent completed. The interior of Morningside, the exterior of C building and the interior painting

of the west group cafeteria, kitchen and diningrooms have been finished. Some painting on the exterior of D building was done, but this project was discontinued, as labor was not available.

A new \$4,731 garage at the rear of the present staff garage is being constructed with money allotted from the exchange store fund and is over 90 per cent completed.

MIDDLETOWN

Much interior and exterior painting has been done at Middletown by the WPA, including most of the east group buildings and connecting kitchen. The steam and hot water tunnel from the power house to seven cottages along Monhagen Avenue has been completed, doing away with individual furnaces and hot water heaters. The WPA did the excavating, installed the concrete duct and did the grading of the grounds afterward. Hospital mechanics installed the pipe and all connections, and hired labor did the welding.

The old three-story west group porch has been replaced with one of metal and concrete. A new pole line and feeders to the cow barn have been installed, and the barns have been rewired with vapor-proof fixtures. Hospital masons have relaid or pointed up about 1,300 feet of the cement block or stone boundary wall.

PILGRIM

A contract has been let for masonry repairs to buildings 19, 20, 42, 43, 55 and 56.

Preparation of new storage space for coal has been completed at the power house, and six new Hagan pilot valves have been installed on the boilers at the power house.

Painting of the exterior of buildings 17, 25 and 26 has been completed, and various wards in medical and surgical buildings 22, 23 and 24 have been replastered.

On July 1, the new community store in building 26 was opened.

ROCHESTER

On July 1, the special agent designated for the district was assigned quarters in the administration building at Rochester State Hospital in accordance with directions from the Department. On October 1, quarters were made available, in accordance with directions from the Department, for a representative of the child guidance group which operates in the Rochester section of the State.

ROCKLAND

A wading pool has been completed north of building 34 at Rockland for the use of the children's group, as a WPA project. The grading project north of building 34 has been practically completed. WPA painters have continued painting the interiors of various buildings during the fall months.

ST. LAWRENCE

A new foundation was placed under the east dairy barn at St. Lawrence State Hospital; a new roof was installed, and alterations were made to convert a silo into a grain room and space for cattle.

UTICA

A Rahm electric shock apparatus has been purchased for Utica State Hospital.

The contracts for installing the new boiler feed water heater and lines to boilers and for improving the ventilating system in the patients' cafeteria were completed.

WILLARD

The reconstruction of boiler No. 2 at the Willard power house has been completed; two-thirds of the brick work was torn down. The rebuilding of the hen house and the renovation of Bleak house have been completed.

STATE SCHOOLS**NEWARK**

Contracts for the replacement of the steam line to the laundry at Newark State School, for replacement of two domestic hot water heaters in the power house, and for construction of facilities for the measurement of sewage, have been completed. Roads about the boys' division have been resurfaced.

ROME

The ground floor of the eastern wing of the male hospital building at Rome State School has been remodeled for a diagnostic and treatment center. In the original design of the building, one room had been lined with lead, and cables installed for an X-ray laboratory. A 500-milliampere Westinghouse X-ray unit, with a rotating anode tube, was installed in this room during the winter. This equipment contains a fluoroscope as well, and with

the addition of a dark room, a complete roentgenoscopic laboratory was made available. In an adjoining room, there is a complete dental unit with two chairs and dental X-ray equipment. A physiotherapy room was set up across the hall with a dispensary and pharmacy in adjacent rooms. The oculist received a room specially fitted for eye, ear, nose and throat consultations and treatment. Room was also found for a clinical laboratory; and as toilet facilities already were provided, a portion of the hospital building is, thus, designed for a diagnostic clinic. Through this instrumentality, the school has achieved a unification of its therapeutic and research work, an accomplishment which has already resulted in marked economies of time and effort.

SYRACUSE STATE SCHOOL

A new roof has been constructed over the basement walls of the barn at Syracuse State School's Munro Colony which was destroyed by fire October 1, 1942. A new bathroom and new bathroom fixtures were installed as well as toilet facilities for the attendants at this colony.

The tool house at Antrim Colony has been reroofed. A new enclosed entrance to a cellar at Belle Isle Colony has been constructed for the use of the boys to replace the old open cellarway entrance. The exterior of Edwards Colony has been painted; and there has also been considerable exterior painting in other parts of the institution.

CRAIG COLONY

Owing to a steadily shrinking number of employees, two cottages, Mohawk and Narcissus, formerly occupied by 24 Craig Colony employees, have been closed for an indefinite period.

A new 2,500-foot, six-inch line for treated water has been laid from near the colony's pumping station to within a short distance of the older standpipe; the old brick intake well pumping station has been replaced by a larger one of concrete, and the equipment in the pumping and filter building has been painted.

Although plans and specifications were completed some time ago, work has not as yet been advertised for installing automatic sprinklers in Letchworth House and Spratling Hall, buildings of non-fireproof construction, the first four stories in height and the other three. Owing to the impossibility of securing material, the appropriation for rewiring some of the older buildings cannot be utilized.

NOTEWORTHY OCCURRENCES

STATE INSTITUTIONS

BINGHAMTON

Special Agent John L. Warner took up his office at Binghamton State Hospital, July 1.

Dr. Maxwell C. Chamberlain, thoracic surgeon from the Homer Folks Tuberculosis Hospital, Oneonta, and an X-ray technician, visited the hospital, July 13, to make some photographic studies of operative technique of the chest. He used material in our hospital morgue for the purpose.

Dr. Neil D. Black, director of parole and family care study of the Temporary Commission on State Hospital Problems, visited the hospital August 17 to 19.

Arrangements have been made with the Binghamton postmaster whereby the hospital will receive 25 magazines each week from unclaimed mail; permission was obtained from Washington. This is a valuable gift, as the magazines thus obtained are recent numbers.

An entering class of 12 women began instruction in the school of nursing, September 7. A reception to this class was held on the afternoon of September 16 in the occupational therapy center in Ferris Hall. Light refreshments were served, music and dancing followed.

Dr. Ulysses Schutzer was sent for a month to Brooklyn State Hospital to receive instruction in shock therapy by various techniques, including the electric shock method.

Extensive advertising for attendant help has been done in the southern New York and northern Pennsylvania newspapers, with the result that many elderly people, ordinarily considered unsuitable, have made application and—if their physical conditions were not too bad—have been employed. Generally speaking, certain elderly men have proved to be a valuable addition, as they are not subject to draft and have reached the mature stage where they are apt to be more kindly and sympathetic to patients.

Several successful blackouts have been held, and on October 11 a daytime alert in this locality was observed. The hospital manned all first aid and casualty stations, and utilized ambulances and trucks to transport first aid teams, casualty teams, etc.

On October 28 a Hallowe'en party was held in the assembly hall for patients. This was largely a costume party, and the patients participated in competitive games, for which prizes were given. This was followed by dancing and refreshments.

Apparatus for bedside testing of the concentration of sulfanilimide in the blood, urine and other secretions, has been purchased.

At the present time there are 92 officers and employees in the armed forces from this hospital. Of this number, six are physicians, three are nurses, and two are members of the WAAC's.

On November 26, a Thanksgiving turkey dinner was enjoyed by patients and employees.

A number of parties were held for patients in the different buildings where they are employed during Christmas week, also in the occupational therapy centers. On December 24, the Christmas entertainment for all patients was held in the assembly hall, when a moving picture, "Dickens' Christmas Carol," was shown. A play, "Granpa's Christmas Eve," was given by patients, under the directions of the occupational therapy department, and Christmas carols were sung by pupil nurses and other employees. On December 25, a turkey dinner was served to all patients and employees.

Joseph Barnes, charge attendant, retired November 30, after more than 26 years in service.

BROOKLYN

During the first six months of the fiscal year, many Brooklyn employees left to enter military service and at the end of the calendar year there were 184 in the armed forces, in addition to which, a considerable number left to do construction work under the direction of the army, some in Hawaii, others in Trinidad; South and Central America. A considerable number also left to enter defense industries in and about the city. This has made necessary the employment of a large number of men and women who have had little or no experience in the care of mental patients. However, the hospital has been able to fill practically all vacancies as they occurred.

Brooklyn State Hospital has continued to cooperate with the municipal authorities in the matter of civilian defense. Dr. Nathan Beckenstein, first assistant physician, has continued to instruct classes in first aid. Florence R. Unwin, principal of the school of nursing, has taught classes in home nursing. The superintendent, as chairman of the salvage committee of the hospital's police precinct, directed a drive for the collection of scrap metal and rubber during the early part of October, the results of which were quite satisfactory. Approximately 30 employees completed the course for air raid wardens, so that the institution now has its own trained air raid warden service. A gong has been installed in the telephone office, in addition to the one at the power house. The city has frequent blackouts in which the hospital cooperates. It has been necessary to dim the lights throughout the buildings and grounds. Therefore, to give ample protection to the property,

the gates have been locked at night, with the exception of the one at the Troy Avenue entrance, where a man is stationed in the gate house. The new steel fence and gate house, which were constructed by the WPA about three years ago, have proven to be very effective in the protection of the institution during this rather trying period.

Laura L. Kampe was appointed assistant principal of the nurses' training school on November 1; Margaret R. Burke, former assistant principal, had been transferred to Rockland State Hospital on October 16.

BUFFALO

At the annual election of officers of the Buffalo board of visitors in October, Dr. Harry H. Ebberts and Mrs. John R. Hazel were reelected president and secretary.

Dr. Herbert Schwartz and Harry Watson, technician, of the State Department of Health, division of tuberculosis, made roentgenograms of all patients and employees of the hospital from October 19 to November 12. Altogether 2,454 patients and 503 employees were X-rayed.

Five physicians of the staff, one each day, assist with the psychiatric examination of draftees at the induction center in Buffalo.

At the exercises of the nurses' training school, September 30, seven students were graduated.

Miss Helen D. Wheeler, assistant social worker, resigned August 16, and Miss Marjorie C. O'Reilly was appointed assistant social worker, October 15.

Miss Anna Reidy, night supervisor, retired October 31, after 38 years of service.

CENTRAL ISLIP

A hospital war transportation board made up of members of the hospital personnel for gasoline rationing was organized July 15. Employees needing supplemental ration books, in addition to the basic gasoline ration books, are to report before this board for assistance in making applications. The forms are then forwarded to the town of Islip rationing board for action on their merits.

On August 16, a defense program was staged on the athletic field by the Islip town council on civil defense. The purpose was to demonstrate the effectiveness of measures to protect the civilian population in case of emergencies such as air raids. Approximately 3,000 persons were present.

On September 4, Charles T. Lacey of the State Insurance Fund, presented the hospital with a certificate for merit in the accident prevention contest of 1941.

Three students from Smith College School for Social Work came to the hospital on September 9 to begin training in psychiatric social work.

Dr. David Corcoran, superintendent, attended the meeting of the committee on nursing in Albany on September 23, and the Quarterly Conference on September 24.

The observation post on top of the administration building was opened October 4 and is now a federal reservation.

Mrs. Dorothy D. McLaughlin, principal, school of nursing, attended the convention of the New York State League of Nursing Education at Rochester on October 15 and 16.

On October 16, Dr. E. R. Rickard and Dr. Hirst of the Rockefeller Foundation, international health division, came to the hospital to discuss the possibility of their organization carrying out vaccinations against influenza in the hospital population. They decided that it would not be advisable to go forward with their program in the mental hospitals at the present time, due to the shortage of help.

Dr. Neil D. Black of the Temporary Commission on State Hospital Problems, visited the hospital on October 22 and on November 17 to discuss and review the family care and parole situation.

During October and November, 120 female patients were transferred to Rockland State Hospital. One hundred and fifty-two male and 71 female cases were transferred from Rockland State Hospital to Central Islip's new tuberculosis unit during the same period.

Mrs. Ethel B. Bellsmith, social worker, attended the New York State Conference on Social Work at Syracuse from November 10 to November 13.

Miss Josephine Valentine, supervisor of nursing education, State Education Department, came to the hospital on November 16 to visit the school of nursing.

Eleven male ex-service patients were transferred to the veterans' unit of Kings Park State Hospital on November 17.

Sixty-three employees either have volunteered or have been inducted into the armed forces since July 1. Three of this number were female graduate nurses.

Mary Marcella Spellman, who was appointed assistant social worker July 16, resigned August 31 to enter the service of the American Red Cross at the Brooklyn Naval Hospital.

Mary A. Sullivan was appointed assistant social worker, July 16; Florence Hogan, assistant social worker, September 18; Margaret Griffin, assistant social worker, December 1; and Mary Quinn, assistant social worker, December 15.

Resignations in the six-month period were: Marie Bell, assistant social worker, June 30; Lucy A. Andersen, first grade stenographer, August 16; and Anne Marie Lee, assistant social worker, October 14.

Retirements were: James F. Nulty, telephone operator, July 31; Marjorie Emmer, bookkeeper, August 24; Michael Murphy, attendant, October 18; and Frances Houghtaling, chief supervisor, December 1.

John H. Baer, charge attendant, died on December 15.

CREEDMOOR

Dr. Neil D. Black of the Temporary Commission to Study State Hospital Problems, visited Creedmoor on July 21, August 8, September 1 and November 20.

As the wooded area north of Union Turnpike is now completely fenced, it was possible this summer to institute parties for patients in that location, and it was found to be very much more satisfactory than the unshaded area near our athletic field. Ball games had to be discontinued because of lack of personnel to take the patients to the stadium. This personnel shortage also prevented the holding of the annual field day.

A new ambulance was delivered the end of August, and this large well-equipped bus enables Creedmoor to bring patients from Bellevue and Kings County in one vehicle instead of two, which had formerly been necessary.

Graduating exercises for the training school for nurses were held the evening of September 22. There were 13 graduates, 10 men and three women.

Air Raid Precautions Headquarters in the basement of employee building "K" have been further equipped and the Creedmoor Emergency Medical Unit operates as a part of the New York City setup, under the city's department of hospitals. Numerous drills have been held and the headquarters are used for instruction in first aid, classes in stretcher bearing, use of gas masks, lectures, etc. All equipment for the medical unit is stored there, ready for immediate use.

The shortage of ward personnel has become acute and extremely serious during the past six months. Creedmoor is now operating with a very large number of vacancies, particularly on the men's wards, and there is a terrific turnover in new employees. All these factors have resulted in the curtailment of many of the usual activities and a very definite slump in standard of patients' care.

In spite of the shortage, the hospital did endeavor to carry on some of its Christmas activities. The customary vaudeville show was given on December 22, but not so many patients could be taken as heretofore. The Christmas trees and other decorations were supplied to all the wards, but war reg-

ulations prevented the use of any colored lights on the outside. A contributed fund provided presents for friendless patients. The veterans' organizations provided special gifts for veterans of all wars. On both Thanksgiving and Christmas Day, turkey dinners were served to all employees and patients. This was the first time in Creedmoor history that it was possible to serve roast turkey to patients; roasting facilities were inadequate heretofore. Four musicians from the Juilliard School of Music donated their services on December 24 and, with a group of patients, visited wards in various buildings playing and singing Christmas carols.

Ten of Creedmoor's medical staff are now with the armed forces.

GOWANDA

On July 1, Gowanda received a transfer of 100 patients from Rockland State Hospital, followed by 100 more on October 27 and 100 on November 5. Twenty-one tubercular patients were received from Buffalo State Hospital the latter part of November.

Dr. George W. Weber, associate physician of the division of tuberculosis, State Department of Health, and his assistants arrived on July 29 to conduct a tuberculosis survey of all patients and employees. The survey was completed on August 5. There were 64 patients and three employees found to have minimal infections, 30 patients and one employee with a moderately advanced type and 16 patients with advanced lung involvement.

Miss Edna Breitsman, stenographer and statistical clerk since 1933, died on November 7 after an illness of several weeks.

HARLEM VALLEY

Dr. Mildred Pellens, assistant physician, took the 10 weeks course at the Psychiatric Institute, beginning October 5 and ending December 11.

Mrs. Mildred Sloan was transferred to Harlem Valley from Rockland State Hospital as chief occupational therapist on July 1.

HUDSON RIVER

Hudson River's annual field day and carnival was held on the afternoon of August 26. Over 1,500 patients attended, many of them taking part in the activities. A picnic supper was served to all patients and employees who attended.

On September 9, the regular meeting of the Dutchess County Medical Society was held at this hospital. Many members played golf on the hospital golf course. A scientific session was held following the dinner at 7:30 p. m.

The annual graduation exercises of the school of nursing were held, September 11, at the assembly hall. Six women and four men were graduated. The speaker was the Hon. Charles J. Corbally, city judge, Poughkeepsie. The diplomas were presented by Mrs. Charles J. Corbally, president of the board of visitors.

On September 25, vegetables, fruits and flowers produced at the hospital were displayed at an exhibit in Poughkeepsie in connection with the victory garden and garden clubs campaign for the benefit of the U. S. O. and the Army and Navy Relief.

The roll of honor located in front of the main building and containing the names of all officers and employees now in the armed forces was unveiled on October 21. The invocation was given by the Rev. Dr. Donald Stacey. Dedication of the honor roll was by Edward Britt, World War I veteran; there was a solo by Ralph Bunnell. Short addresses were given by Joseph L. Schwartz of the board of visitors, Lieut. Shultz of the military police, Dr. John R. Ross and Andrew J. Delaney. The benediction was by the Rev. Father Charles E. Schmidt.

On November 1, Dr. James P. Kelleher, first assistant physician at Hudson River, was appointed superintendent of Rome State School; and on the evening of November 4, a dinner was given by the staff in his honor, at which time a set of silver was given to Dr. and Mrs. Kelleher.

The following employees retired on pension during the six-month period: Alice B. Ketchum, attendant; Kate B. Riddle, chief supervisor; Walter C. Murphy, social worker; Margaret B. Murphy, occupational therapist; Julia A. Mannix, nurse; Mary A. Gallagher, bookkeeper; and Lewis A. Trutner, chief transfer agent.

James Ciancio, shoemaker's attendant, died on July 17.

Mrs. Margaret N. Kohler, social worker, went on military leave of absence on July 19.

KINGS PARK

On August 10, the American Red Cross began a drive for blood donors, and a survey was made of the entire hospital personnel, resulting in more than 300 names of those willing to be donors. The clinic was in building L of this hospital.

The hospital has received a plaque from the State Insurance Fund which signifies that it is in first place in the New York State Department of Mental Hygiene for the accident prevention contest for 1941.

The graduation exercises of the school of nursing were held at York Hall, September 11. The address was given by Earl L. Vandermeulen, supervising principal, Port Jefferson High School. Those graduating were: Lloyd

L. Anderson, Hazel W. Chapman, Geraldine R. Decker, Marion L. Edwards, Evalena L. French, Mildred E. Janicek, Evelyn E. Kaplan, Robert F. Krogstie, Arlene M. LeGault, Dorothy T. Mink, Lillian Schneider and Aurene E. Steinberg.

The Long Island Psychiatric Society had its first meeting of the season at Kings Park on October 20 at York Hall. The program included the election of officers, and an address, "Medical Jurisprudence," by Edgar J. Hazelton of Huntington.

On October 15, Dr. Neil D. Black, director of the parole and family care study, Temporary Commission on State Hospital Problems, visited the hospital relative to plans for beginning his study to ascertain how many patients could be placed either on parole or in family care.

Commanders Taylor and Patterson of the headquarters of the commandant third naval district, New York City, visited the hospital, November 6, to inspect the multi-story building, No. 93, with the view to using it as a naval receiving barracks.

Ceremonies were held on December 6, for the dedication of the lookout tower, under the auspices of the Donald C. Munro Post, American Legion, Kings Park. The lookout post is under the jurisdiction of the local civil defense council, and is on hospital property, at the bluff.

On December 20, the Elks Club of Huntington visited the hospital in a group and provided a Christmas party for juvenile patients. The Elks Club has provided these parties for a number of years, and the hospital management, as well as the children, is very grateful to them for this kindness.

Two employees were dismissed during the six-month period for absence from duty without permission.

Miss Rose F. Keegan was appointed assistant social worker, on December 1.

The Rev. Laurin D. York is beginning his duties as Protestant chaplain of the hospital, taking the place of the Rev. Noel Cardwell, who has become an army chaplain.

Resignations were as follows: Mrs. Florence O'Connell, assistant social worker, on August 11, and Mrs. Mildred Chatfield, assistant social worker, on November 30.

John S. Wood, medical and statistical clerk, retired on October 31.

Edward Outwater, charge attendant, died on July 2, and Burton L. Hard, attendant, on October 5.

MANHATTAN

Dr. Samuel Hamilton of the United States Public Health Service has made a survey of Manhattan State Hospital.

The Temporary Commission on State Hospital Problems commenced its Manhattan activities in November in reference to parole and family care problems. Two physicians and two social workers employed by the commission are working under the direction of Dr. Neil D. Black.

Dr. John A. Kelly, member of the board of visitors is absent on military service.

The first fall meeting of the Psychiatric Society was at the hospital on November 23. A scientific session consisted of the presentation of the following papers: "Experimental Production of Chronic Epileptiform Convulsions in Monkeys," by L. M. Kopeloff, Ph.D., S. E. Barrera, M. D., and N. Kopeloff, Ph.D. Discussors were: Dr. Leo Davidoff and F. H. Pike, Ph.D. "Biological and Clinical Relationships of Epilepsy and Schizophrenia," was presented by Dr. Paul Hoch. Discussors were: Dr. Nolan D. C. Lewis and Dr. Franz J. Kallmann.

Mildred L. Sefranka, occupational therapist, was transferred to the Psychiatric Institute on July 1, and Sadie L. Smith was appointed chief occupational therapist on July 8. Nancy Muste Baker, assistant social worker, resigned on August 1, while on leave of absence, and Evelyn Sarian was appointed assistant social worker on the same date.

Hospital employees on leave of absence for military service include: Patrick Carney, Frederick J. Auth, Howell D. Essex, John P. Fitzgerald, Harry Duffy, Patrick Dacres, William Maher, Michael Merrigan, John J. Feeney, John L. Jones, John J. O'Reilly, Martin Durkan, William Newman, Theodore Bradley, Frank A. Rivers, William A. Pace, Gilbert Lohray, William L. Jordan, Alexander B. White, Mark J. Klein, Michael Lorenz, Daniel Cronin, Raymond J. Martini, Thomas Leonard, Timothy O'Connor, Robert DeMatta and Daniel Sexton.

Edward Guinane, special attendant driver, appointed at this hospital, January 13, 1927, died at the hospital on October 7, 1942.

MARCY

Dr. Harry M. Harter, medical interne at Marcy, and charge nurse, Marie Murphy, completed a 30-day period of observation of shock therapy technique at Brooklyn State Hospital on September 11.

Dr. Sidney W. Bisgrove, first assistant physician, attended the Quarterly Conference in Albany in September.

A Hallowe'en costume party was held for the patients in the assembly hall, October 27.

At the request of Dr. William W. Wright, superintendent, Dr. William C. Jensen, superintendent of Broadacres, has named Dr. Raymond B. Wohl-rab to succeed Dr. David A. Harrison, roentgenologist of chest plates at Marcy.

Professor Foley of Colgate University and four students, called at the hospital on November 11 and were shown through the various buildings.

On the afternoon of December 24, a game party for the occupational therapy center classes was held with 100 patients in attendance. On the afternoon of December 29, game parties were held in C and D buildings with 165 patients in attendance. On the evening of December 29, a Christmas dance for the patients was held in the assembly hall.

On the evening of December 30, a supper and game party for the male and female industrial workers was held with about 250 patients in attendance.

MIDDLETOWN

During July, the tuberculosis survey conducted at Middletown by the State Department of Health was completed. About 4,300 chest radiographs were made.

A service flag was presented to the superintendent and dedicated on the evening of July 21. The American Legion, the Middletown Fife and Drum Corps and the New York State Guard, as well as uniformed nurses and attendants, took part in the ceremonies.

Because of the shortage of medical personnel it has been necessary to eliminate the child guidance clinics and to discontinue one of the two mental hygiene clinics which have been held monthly in Kingston.

Dr. Neil D. Black, director of the parole and family care study of the Temporary Commission on State Hospital Problems, visited the hospital for two days during August, and in September visited family care homes.

An excellent presentation of the functions of the hospital and the part that it plays in the community was given over the local radio station, WALL, on August 14.

Dr. Beck of the State War Council, visited the hospital on September 12 and discussed the civilian defense with the superintendent.

The annual outing for patients was held at new picnic grounds on the hospital property. Nine hundred and ten patients attended, and games, dancing and a picnic lunch were enjoyed.

Graduation exercises in the school of nursing were held on the evening of September 9. Four men and 12 women received their diplomas.

During October, the hospital received 150 patients by transfer from Rockland State Hospital.

Two fires were discovered during October, one in a bag of soiled clothing in a basement room into which the laundry chute empties from three floors above. It was promptly extinguished without damage to the building. It was impossible to determine its origin. The second was in a small structure

used partly as a rag house and partly as a woodshed. This fire was also promptly put out, but with some damage to roof timbers and partitions. It is planned to rebuild this structure with cement blocks.

On Armistice Day the hospital employees took part in the parade held in the city of Middletown. The hospital was well represented by uniformed nurses and attendants and made a splendid showing.

Mrs. Katherine Gibbons, supervisor, was promoted to chief supervisor on July 1.

Miss Mary Ann Harris, assistant social worker, resigned in August to go with the American Red Cross.

Mrs. Frances Cady Schlitt and Miss Elizabeth Ewald have been detailed to assist in the social service department.

Employees who went on military leave of absence between July 1 and December 31 were: Gustave Anderson, Jesse W. Babb, Ray Bennett, Roy Benjamin, Carl Buchanan, Thomas Coleman, Walter Cooley, James P. Dederick, Robert Dwinall, James Gibbs, Richard Gregory, Merle C. Harsh, Kenneth Harrington, Paul Hayes, Robert E. Hoffman, John Holland, Joseph Hyatt, George Jubb, Richard Kanoff, Harold Kome, Lewis Korn, James McDonald, Steven E. Morse, Kenneth Peck, Gustave Raap, Jacob H. Rauck, Richard Reed, John B. Rhodes, Lewis Rogers, Alvin Schmick, Joseph Schroeder, Thomas Sheldon, Donald Sliter, Arthur Smyth, Hugh Steen, Raymond Swope, Stanley Terwilliger, Thomas Thornhill, Joseph Umstetter, Robert Van Loan, Albert Young and Earl Zimmer.

PILGRIM

On July 1, the commissary of Pilgrim State Hospital moved into the new permanent quarters on the ground floor of the assembly hall. While all the plans for the community center have not yet been realized, it is hoped that before long the project may be completed.

The body of a man was discovered in an unused, locked, continuous tub room in building 4 on the evening of July 8. An immediate investigation was begun. The State troopers, the district attorney and the coroner came to the hospital at once. It was found that the body was that of an attendant, that he had been strangled by having a piece of cotton tape tied tightly about his throat. A rather peculiar type of knot in the tape excited some suspicion. After a thorough search, the attendant's keys were found secreted in the clothing of a patient. He readily confessed to the murder, saying that he and the attendant had had a little trouble in the morning just prior to the attendant's going off duty, that he, the patient, a Japanese, used jujitsu, threw the attendant heavily on the floor and then tied the tape about his neck, took the keys from the attendant and secreted the body in the tub

room. On the afternoon after the murder was discovered, a request, with the approval of the Department of Mental Hygiene, was made to the district attorney for the appointment of a commission for the commitment of the patient to Matteawan State Hospital.

Dr. Henry H. Haines of Rochester State Hospital, came to this hospital on July 11 to study electric shock therapy.

In cooperation with the rationing board, the hospital appointed a committee of physicians and employees on July 14 to represent the hospital and the employees and to assist the employees in filling out questionnaires. This committee is to continue in existence to assist the personnel of the hospital with all matters relative to rationing.

Dr. H. Beckett Lang, assistant commissioner, and Patrick McCormick of the Department of Mental Hygiene, came to the hospital on July 15 with Col. C. M. Wolser, M. C., U. S. A., surgeon, 2nd Corps Area, and Col. John R. Hall, M. C., U. S. A., office of the surgeon general, to inspect buildings 81, 82 and 83 relative to their possible conversion into federal hospitals.

On July 17, Dr. Joseph S. A. Miller of Rockland State Hospital, came to the hospital for instruction as to the method and setup of the electric shock therapy unit.

Peter J. Vander Poel, who was appointed steward at this hospital, November 1, 1939, died on July 20. Mr. Vander Poel entered the State service at Willard State Hospital where he made a creditable record. He came to Pilgrim in November, 1938, as assistant steward and had been a faithful and trustworthy employee. He was well liked by his associates and was known for his fair and just attitude toward employees.

On August 27, at a dinner given by the State Insurance Fund in New York City, the superintendent received a plaque which he accepted on behalf of the hospital, for the institution having the lowest average number of accidents to employees for 1941.

Dr. Benjamin L. Feurstein of Bay Shore, was appointed consultant to this hospital in radiation therapy on September 1.

The new class of 12 began the regular course in the nurses' training school on September 2.

A conference relative to procurement and assignment of physicians for military service, was held in New York on September 16, with the aim of reaching a definite agreement as to what doctors might be expected to remain in State service. The meeting was attended by Dr. Lang, assistant commissioner, Dr. J. Clemons of the Procurement and Assignment Board, and Superintendents Bellinger, Corcoran, Mills, Soper, Storrs, Travis and Worthing.

The first year students of the nurses' training school left on September 30, for a year's affiliation at Queens General Hospital, and the students affiliating at that hospital returned to complete their final year in the Pilgrim school.

Dr. James Huddleson, chief of the research unit, Veterans' Facility of Northport, and several nurses, came to this hospital on October 14 to receive instruction in the shock therapy clinic; and on October 15, Dr. John Larson of the Long Island Home, Amityville, visited the hospital to receive instruction in shock therapy.

Dr. C. E. Bates, assistant physician of the Oregon State Hospital, and J. A. Garson, supervising engineer, board of control of all state hospitals in the state of Oregon, called on the superintendent on October 16 and were shown parts of the institution in which they were particularly interested.

The dedicatory exercises for the Brentwood honor roll were held on November 8, at which time the superintendent made a brief address. The contributions from the hospital toward the erection of this honor roll amounted to \$15.45.

On November 13, Mrs. Sylvia Goodkind, associate supervisor, Jewish Social Service Association, Inc., of New York City, gave a talk on her organization at the Pilgrim social service staff meeting.

On the evening of November 24, the nurses' training school held its first large dance. A great many attended, including a number of men in service from Mitchel Field and the Coast Guard Station at Eaton's Neck.

A transfer of 24 female patients was made to Pilgrim from Brooklyn State Hospital on November 27, and on December 1, there was a transfer of 25 male patients from Brooklyn State Hospital.

William McCollom, sheriff of Suffolk County, arranged with the superintendent on December 3, to have a survey made of all the employees at the hospital who reside off the grounds. The survey was to cover and localize in the county, the hours of their employment, the number of miles they lived away from the hospital and how many rode in each car going to and from the hospital. This was done in an effort to arrange clubs and conserve tires and gas. The sheriff found that arrangements had been previously made by the hospital personnel for club riding.

A commission composed of George Fogarty of Patchogue, Herman Vetter of Holtsville, and Wallace Otis of Blue Point, met at the hospital, December 7, to hear testimony on the "dangerous insanity" of patient Harry Harston. As a result of this hearing, the patient was transferred to the Matteawan State Hospital on December 23, 1942.

The superintendent mailed, on December 11, to the 160 men in the service a Christmas letter expressing the season's greetings and best wishes. Many replies were received expressing thanks for the remembrance of them at this time.

On December 15, Dr. Worthing received a delegation from Virginia who came to the hospital to have a conference concerning new hospital construction in that state. The members were Dr. H. C. Henry, director of the Virginia State Hospitals; Dr. J. S. DeJarnette, superintendent of the Western State Hospital, Staunton, Va.; Dr. J. R. Blalock, superintendent of the Southwestern State Hospital, Marion, Va., and Messrs. Eubank and Caldwell, architects. During the two-day visit the delegation saw various parts of the hospital in which they were particularly interested, principally the reception service. The plans of the new hospital were left with the superintendent for further criticism.

The superintendent attended a meeting of the Council of the American Psychiatric Association on December 19, as chairman of the nominating committee.

On December 22, about 7 p. m., a broken "T" in the water main at the powerhouse caused a leak which required the combined efforts of the hospital fire department, with volunteer workers, the fire departments from Brentwood, Central Islip and Bay Shore until 3:15 the following morning, to pump out the water in order to repair the broken main. The superintendent expressed his gratitude to each for the fine cooperation shown.

During the month of December, the superintendent attended meetings of the Islip War Council at which important matters relative to this area were discussed, rules made and regulations changed. Further dim-out regulations for the hospital were put into effect with marked success.

Appointments during the six-month period were: July 1, Barbara Stickney, volunteer social worker; July 16, Janet Johnston, social worker; August 17, Lillis I. Fancher, R. N., assistant principal, school of nursing (provisional, permanent appointment October 9); September 17, Marjorie E. Weber, assistant social worker; September 17, Marion Heaton, assistant social worker; September 17, Thelma H. White, assistant social worker; and October 16, Dorothy Dunning, assistant social worker.

Resignations were: July 15, Lucilla Zimmerman, R. N., assistant principal, school of nursing; September 15, Jean T. Koch, assistant social worker; September 16, Marie Stevens, assistant social worker; September 16, Mrs. Alice Robbins, occupational therapist; September 30, Pearl Beyea, occupational therapist; and October 15, Eleanor Dailey, assistant social worker.

Deaths during the period were: on July 8, Nellie Forsythe, charge nurse; on July 8, Albert B. Williams, ward attendant; on July 20, Peter J. Vander Poel, steward; and on July 25, Irene Allen, ward attendant.

ROCHESTER

Up to the present time, 90 Rochester employees have entered the military service, and many others have left the hospital to go into defense industries where compensation is on a higher level.

By request of the army induction board, members of the hospital staff who are eligible, have been assisting the induction team with the examination of new recruits for some months back. As time has gone on, demand upon the hospital staff has been greater, and, with the shortage of physicians, this activity has been a considerable burden. The local examining board has made repeated requests for a full-time army psychiatrist, but up to the present time none has been made available, therefore, the hospital has continued to fill in the gap.

The following employees have left for the armed forces since July 1, 1942: Clara C. Brown (WAAC), Darrell W. Cooper, Clifford Cosad, Cyrenus Countryman, Harry P. Cranmer, Lucille W. Diedrick, R. N., Harry A. Dodson, Homer S. Hickok, Stanley Jenison, Gordon C. Lane, Paul P. Lanza, Clarence Overheiser, Harold L. Page, Jr., Frances Potter, R. N., John J. Reardon, John J. Selfridge, Clement Uschold, Stephen J. Wiley, Stanley Winkleman.

Mrs. Magnolia Culver, family care supervisor of the State Hospital Commission, Lansing, Mich., visited this hospital on August 10.

Neil D. Black, M. D., director of the parole and family care study, Temporary Commission on State Hospital Problems, visited the hospital, October 7 to 9.

Miss Ida May Van Lengen, social worker, resigned September 1, and Miss Lois R. Tompkins, assistant social worker, transferred to Creedmoor on August 16.

ROCKLAND

About September 15, the federal government took over a large tract of land adjoining the Rockland State Hospital property on the north, east and south in the towns of Blauvelt, Orangeburg and Tappan, for the construction of an embarkation-debarkation army camp. Work has progressed rapidly with the construction of numerous barracks and other buildings. The latter part of September, Dr. William J. Tiffany, Commissioner, and Dr. H. Beckett Lang, assistant commissioner, Department of Mental Hygiene, together with medical officers from the surgeon general's office, Governor's

Island, made arrangements to evacuate a group of hospital buildings to be taken over by the army camp. On November 12, buildings 58, 59 and 60, accommodating approximately 1,200 disturbed male and female patients, were completely evacuated and turned over to the United States Army. Approximately 600 patients were transferred to other State hospitals, but the balance had to be assimilated in already greatly overcrowded continued treatment buildings. At the present time, the male side of the hospital is 23 per cent overcrowded and the female side is 37 per cent overcrowded.

During August, Dr. Weber from the State Department of Health, together with another physician, an X-ray technician, and some of Rockland's own personnel, made a complete tuberculosis survey of all patients and employees in the institution. All patients with active tuberculosis were transferred to the new tuberculosis unit of Central Islip State Hospital. Arrangements were made for the few employees who were found to have active or minimal types of tuberculosis to be admitted to State or county institutions.

The personnel of the hospital has been operating the subdistrict warning center satisfactorily. The first aid squads have been practising regularly in preparation for an emergency, and all assigned personnel have participated in the practice signals and blackouts. Considerable equipment has been obtained and set apart for emergency services.

Miss Elizabeth O'Brien was appointed social worker in the children's group, October 1, to succeed Mrs. Ruth T. Weber who went on leave of absence, July 16, and later resigned.

Miss Winifred Winikus was appointed assistant social worker, July 1.

Mrs. Janet Francis, assistant social worker, resigned on July 15 to accept a promotion to social worker at Pilgrim State Hospital.

Dr. Neil D. Black, director of parole and family care study of the Temporary Commission on State Hospital Problems, visited the hospital on August 4 to discuss arrangements for a special survey to determine how many additional patients can be sent out on parole or into family care.

Mrs. Virginia Bennet Marx, assistant social worker, resigned, September 8, to take a position in a factory producing war supplies.

Miss Nanette Berkwits, assistant principal, school of nursing, went on leave of absence, September 1, to enter military service with the Mt. Sinai Hospital medical and nursing unit. The vacancy will be filled by the transfer from Brooklyn State Hospital of Miss Margaret Burke, assistant principal of that training school.

Edward W. Jones, electrical engineer, was appointed chief engineer at Edgewood State Hospital, Deer Park, and left on September 16 to assume the duties of his new position.

The regular meeting of the Ramapo Clinical Club was held at the home of Dr. A. M. Stanley on the evening of September 25.

A dance sponsored by the Rockland County Policemen's Benevolent Association, was held in the assembly hall on the night of September 25 for the benefit of the American Red Cross, Nyack.

Dr. Condict W. Cutler of New York City was appointed consultant in surgery on September 10.

Dr. George M. Richards of Stony Point was appointed assistant visiting ophthalmologist on September 10.

On November 19, an intensive one-day course of instruction in the medical aspects of chemical warfare agents was given at the hospital by the New York University College of Medicine group headed by Dr. E. A. Rovenstine. Physicians from Orange, Putnam and Dutchess Counties attended.

On October 19, C. T. Sibbald, assistant sanitary engineer, division of engineering, Frank Giffor, assistant engineer, and H. J. Driscoll, assistant engineer, visited the hospital to discuss with the superintendent the route of the water line from Letchworth Village to Rockland in connection with the project for obtaining water from Bear Mountain.

The superintendent attended a conference in Albany on October 29, with representatives of various State departments and a representative of the United States Army in reference to the conditions of a lease of hospital land and buildings for the use of the new army camp at Orangeburg.

The superintendent visited Albany on November 4 for a conference with Dr. Joseph Moore, formerly chairman of the State Parole Commission, and Frederick A. Moran, chairman of the New York State Board of Parole, with reference to the matter of employing certain inmates of the Department of Correction who are recommended for parole.

Dr. Alfred M. Stanley, first assistant physician, was appointed medical inspector November 1 and has taken a leave of absence for this duty. Dr. Attilio Laguardia, senior assistant physician, has been detailed to perform the duties of first assistant physician.

Miss Annette Herzman was appointed assistant social worker on November 1, and Miss Helen Solomon, assistant social worker on November 16.

Herbert Ryerson, assistant electrical engineer, died July 15, following a long illness.

Since July 1, the following employees have left the hospital service to enter the armed forces: Pat Riggie, William Keshan, Vito Sorriento, William Carlock, Anthony Lucien Goudreau, Guy Campbell, Michael Papapierto, Gaebhard A. Raetz, Earl Smith, Michael A. Ulliano, Homer Alexander, Lyle Armstrong, Bruno Matteotti, Henry Schuster, Charles Pierce, Ray Rapp, Ivan Riddick, Roy A. King, David H. Douglas, Philip Goodman, Joseph

Ansbro, Joseph Engelhardt, Joseph Jurus, John J. McDonald, James Bullingham, Americo Pagnozzi, Peter Teevan, Robert D. Stewart, Robert Frazier, Frank J. Mahoney, Miss Nanette Berkwits, Miss Susan R. Beach, Miss Evelyn E. Shoor, Anthony Dagata, Raymond Simmons, Mathew P. Brady, Isidor Weidman, Edwin Kerner, Anthony Walsh, Nathan H. Reed, Walter Feldman, John Pooppore, Walter Mills, Arthur Helmke, Theodore Crapchuck, George M. Coleman, John H. Tyler, Grenville E. Foshay, John Rooney, William Sessme, Jasper L. Artis, Donald Harper, Joseph Miserdino, Joseph L. Edwards, Milton Chambers, Paul U. Z. Reynolds, Herbert Jordan, Francis Armstrong, Michael Haso, Emil M. R. Bollman, Russell G. Hopkins, William Bryan, Daniel Grier, Charles Weber, William Bryan, Israel Puro, John L. McCarger, Francis J. Condlin, Janne T. Jansson and Charles Bauer.

Many other male employees have left the ward service to go into defense work or to take other highly remunerative work. Experienced nurses and attendants are leaving; it is impossible to fill many of the vacancies, and many of those who have been employed are unsatisfactory.

ST. LAWRENCE

Mrs. E. S. Goodale of Watertown, resigned from the board of visitors in July, after a service of 40 years. She was secretary of the board for many years, president for 12 years and honorary president for three years.

From July 3 to 28, a survey was made by the State Department of Health of all patients, employees and officers to determine the presence of tuberculosis. A fluoroscopic survey had just been completed by Dr. William R. Carson, senior assistant physician at the hospital, and the findings on the two surveys were identical.

On July 13 and 14 Dr. Neil D. Black, director of parole and family care study of the Temporary Commission on State Hospital Problems, visited the hospital.

Graduation exercises of the nurses' school were held on August 19, and a class of 18 received diplomas.

Naomi Rehome, laundress, retired November 30, for physical disability, after 15 years of employment.

Twenty-one employees have left for military service since July 1, either through enlistment or induction, making total employee and staff personnel in the service 71 on December 31, of whom 62 are on leave of absence.

For the period from July 1 to December 31, defense stamps in the amount of \$686.50 were sold at the community store. Gasoline savings for the six months period over that of the previous year were 2,359 gallons.

Following the vegetable harvest, eight carloads of surplus vegetables consisting of potatoes, turnips, carrots and squash, were sent to other State institutions.

Erwin J. Ellis, pharmacist, resigned on November 30.

UTICA

In July, information was received from Miss Mary Ellen Manley, director, division of nursing, department of hospitals, New York City, that Utica's student nurses would no longer affiliate at the Kings County Hospital and that senior students would be sent to another New York City Hospital, Queens General Hospital, Jamaica, on August 1.

The Employees' Association arranged for a service flag for the hospital employees in the armed forces, which hangs in the center hall of the main building. To date, 51 employees are in the service.

Nurse school graduation exercises were held in Hutchings Hall on September 30, in conjunction with the schools of the other hospitals affiliated in the Central School of Nursing, the Faxton and Memorial hospitals of Utica. There were 14 graduates of this hospital.

On November 3, Dr. Ross D. Helmer, together with Supervisors Drautz and Radell, attended lectures on "Gas Chemical Warfare" at Syracuse Medical College in connection with their responsibilities in air raid defense.

As secretary of the Oneida County Mental Hygiene Committee and in co-operation with other social agencies, Miss Eva M. Schied, chief social worker, arranged for the Town Meeting on Venereal Diseases in War Time, which was held on November 6 at Hotel Martin, Utica. Total attendance was 450. Dr. N. J. T. Bigelow of the staff of Pilgrim State Hospital and recently of the staff of Utica State Hospital, was one of the speakers. Among other speakers were medical officers of the army and navy.

The hospital has cooperated with the community in daylight alerts and blackout tests. Hutchings Hall has been made available for various meetings conducted by city officials for instruction to nurses, air wardens, first aid classes, etc. One section of Hutchings Hall has been set aside as a casualty center, and blackout facilities have been installed in Dunham Hall to make the surgery there available for casualties.

Drs. Helmer, Warner, McKendree and Hamburger have assisted the army induction board each month, two of the physicians working there each day during the period the board meets in Utica.

Approximately 1,800 pounds of scrap rubber and 30 tons of scrap metal were collected about the hospital and turned over to the respective salvage collections.

In October, it was decided that the bi-monthly clinics in Amsterdam, Gloversville, Schenectady and Saratoga would be discontinued on account of the decrease in the medical staff due to physicians leaving for the armed forces. However, the Schenectady clinic has been continued through December.

The following employees retired during the last six months: Carl Hünzinger, head painter, July 31; Annette M. Dadey, attendant, September 15; and Viola M. Shankenberry, stenographer, October 2.

Charles A. Steph, roofer, died November 23.

The following employees have entered the armed forces since July 1: Dorothy H. Griffith, R. N., James P. Higgins, Burton C. Tysick, William White, Charles W. Gilbert, Earl J. Wadsworth, Walter Dzworkas, Norman B. Beauchemin, Guy W. Henry, Lawrence J. Maxwell, Harry E. Carrigan and Stanley F. Ochab.

WILLARD

Buttonwood at Willard State Hospital was vacated on July 11, having been taken over by the federal government for a U. S. naval training station.

Mrs. John Barrows, director of blood donor service, American Red Cross, Rochester, was at the hospital, August 14, to discuss the visit of the mobile blood unit. This unit came to the hospital August 31, at which time 168 blood donors made application, and 136 were accepted.

From October 7 to December 11, Dr. Joan F. McGreavy, assistant physician, took the course in neurology and psychiatry at the Psychiatric Institute.

Mrs. T. J. Barker of Ithaca and Mrs. G. L. Richmond of Newark, members of the State Charities Aid Association, visited the hospital on November 20.

Miss Gladys G. Giffin, principal of the school of nursing, was called to active duty on July 27 as second lieutenant in the army nurse corps.

For the six-month period, the following employees have gone on leave of absence for military service: Charles M. Boyee, Halsey C. Huff, John H. Mattison, Robert G. Montford, R. N., Thoburn J. Lobdell, Gladys G. Giffin, R. N., Milton B. Traphagen, Herbert C. Thomson, Alonzo C. Woodington, James G. Dibble, S. Leslie Macomber, Frank L. Halsey, Frederick A. Doolittle, Liguori O'Neil, Ben T. Mapes, Justin Keady, Leslie W. Royee, Charles H. Boyer, Eldred McCoy, Stuart H. McWhorter, Paul J. Ryan, Joseph J. Schramm, Trevor I. Berry, Howard L. Conklin, R. N., and Alfred W. Prouty.

Retirements were: Andrew H. Beaver, launderer, on July 12; William H. Sessler, charge attendant, on July 19; Martha E. McGuire, head laundress,

on July 31; Lorenzo W. Swarthout, supervisor, on September 30; Thomas Taggerty, driver, on October 18; and Austin F. Tharp, tinsmith, on December 31.

PSYCHIATRIC INSTITUTE AND HOSPITAL

On December 19, 1942, the Quarterly Conference of the Department of Mental Hygiene was held at the Psychiatric Institute.

Dr. Franz J. Kallmann, who is medical interne at Manhattan State Hospital, has been assigned for full-time research work at the Institute by Commissioner Tiffany, with arrangements agreed upon by Dr. William Travis and Dr. Nolan D. C. Lewis.

Mildred F. Sefranka was appointed occupational therapist on July 1, and M. Lillian Burke received a provisional appointment as physical training instructor on November 9. Florence T. Stanton, physical training instructor, had resigned on October 31. Julius Spierman, psychiatric social worker, resigned on October 16.

Two clinical sessions of the 15th annual graduate fortnight were held at the Institute on October 14 and 21. At the first session, on the fourteenth, general clinical discussions on methods of psychiatric examination with supplemental demonstration of patients, were presented by Drs. Lewis, MacKinnon and Polatin of the Institute staff. At the second session, on the twenty-first, general clinical discussions with demonstrations were given on the subject of shock therapy, particularly electric shock therapy, by Drs. S. E. Barrera, W. A. Horwitz and B. L. Pacella of the Institute staff. Approximately 70 persons from outside the Psychiatric Institute, attended the first session and 100, the second session.

As in the past, the 10 weeks postgraduate course in neurology and psychiatry under the joint auspices of the College of Physicians and Surgeons and the Psychiatric Institute, was held at the Institute from October 5 to December 11. Due to the war situation, only four of the State institutions sent candidates for this course. The instructors included the following Institute staff members: Drs. Lewis, Barrera, Sperry, Harris, Ferraro, Landis, Pacella, Zubin, MacKinnon, Hinsie and Kallmann.

Dr. Lewis organized a 15-lecture course in "Mental Hygiene to Teachers," given at the Department of Health Building in New York City. Dr. Lewis and Dr. MacKinnon of the Institute staff were the chief participants in this course scheduled from September 23, through January, 1943.

SYRACUSE PSYCHOPATHIC HOSPITAL

Dr. Steckel, superintendent of Syracuse Psychopathic Hospital, attended meetings of the committee on neuropsychiatry of the National Research Council in Washington, in July and October.

The Hutchings Psychiatric (undergraduate) Society had its first meeting of the year at the summer camp of Dr. Steckel at Skaneateles Lake in July and met subsequently at the hospital in October and December.

In September, the hospital was approved by the American Board of Psychiatry and Neurology for residency in psychiatry.

Thomas Hess, attendant, entered the military service in October.

Because of a reduction in the admission rate of patients to the hospital, but more particularly because of the shortage of employees, two wards have been closed. It was felt that by concentrating the patients on four wards, rather than six, more satisfactory supervision could be had.

Mrs. Ruth C. Terry, assistant psychiatric social worker, began a six-month leave of absence on October 1 to work with the Red Cross in Washington.

STATE INSTITUTIONS

LETCHEWORTH VILLAGE

Letchworth Village experienced a very severe electrical storm on July 6, during the latter part of which, a wind of cyclonic velocity swept through a narrow strip of the institution, causing, in that strip, more damage than was done in any similar area during the hurricane. This wind blew over and uprooted approximately 100 trees on the institutional property, took shingles off roofs, and caused considerable damage to buildings.

Norvin H. Green of Tuxedo was appointed on August 5 by Governor Lehman a member of the board of visitors to fill the vacancy caused by the death of Samuel Osgood Miller.

The Rockland County Medical Society met at Letchworth Village on September 23. Dr. S. Eugene Barrera of the Psychiatric Institute spoke on shock therapies in mental disorder. Supper was served at the institution.

The general survey of the institutions in the Department of Mental Hygiene for the incidence of tuberculosis was started at this institution the latter part of November and will be continued until every child and every employee has been either tested or X-rayed.

Dr. Morris Siegel has started tests on a number of the boys in the adult group to determine the efficiency of the serums used in the U. S. Army against typhus fever. This is a project undertaken at the request of the army medical school.

Walter Adams, attendant, died on September 28. He had served the village since September 6, 1937.

NEWARK STATE SCHOOL

Augustus C. Stevens, a member of the Newark board of visitors, resigned July 8.

The annual camping period of Boy Scout Troop No. 147 was held at Camp Hubbell from July 12 to 19. The troop erected a new flagpole; made extensive repairs to the mess hall, and built a fence about the camp.

A play day, commemorating the tenth anniversary of occupational therapy in the institution, was held at Parsons Field on August 5. Four hundred seventeen boys and girls participated in the various events, which were in charge of James E. Simpson, supervisor of physical training of the Department of Mental Hygiene.

Two first aid courses were given at the school during August and September, one for nurses of the school, 14 in attendance, with Mrs. Dorothy Pollock Dilcer, chief occupational therapist, as instructor; the other for attendants and ambulance drivers, 20 in attendance, with Miss Helen Anderson, assistant in the physiotherapy department, as instructor.

A home nursing course for lay persons under the auspices of the Newark division of the Red Cross, was held once weekly, at the school, from August 24 to October 5.

The Newark 4-H girls entered 75 articles of their handiwork at the Palmyra Fair in September. They received 41 awards of "excellence," 20 awards of "good," and seven honorable mentions.

A second "refresher" course in nursing was held for the nurses of Wayne County at the school during October and November.

Mrs. Merle H. West, attendant, acting as assistant social worker, resigned October 5 to accept a position as assistant social worker at the Gowanda State Homeopathic Hospital.

Drs. George Weber and Julius Katz, division of tuberculosis, Department of Health, with their assistants, made their semi-annual checkup of patients and employees, in connection with the tuberculosis survey from October 5 to 9.

On December 7, 8 and 9, the boys and girls of the academic department presented a Christmas pageant.

Paul M. Seward and Frank A. LaPorte, investigators of the narcotic control bureau, Department of Health, were at the school from December 7 to 10.

During the morning of December 12, 400 boys and girls of the school were guests of the local merchants and of the management of the Capitol Theater, Newark, at a Christmas party at the theater.

Leaves of absence for military service in the last six months were granted to Harold E. Oeh, Barker Evarts, Jacob E. Jansen, Ralph Quay, George Kenneth Robarge, Kenneth R. Clement, Arthur J. Bradley, John C. Burns, Lawrence E. Du Point, George E. Bartholomew, Richard G. Salerno, Francis A. Muskett, Frederick R. Murray, George A. Harris, Herbert DeLyser, Jr., Frederick Kaller, Eldon D. Grant, Gladys A. Widrick, Walter Dennis, Francis E. Fitch, Louis R. McNeil and Harold E. Crary.

ROME STATE SCHOOL

Students from Hartwick College visited the institution on July 10. Dr. Dake made a tour of the buildings with the group and demonstrated various classes and conditions among mental defectives.

Mrs. Magnolia Culver, family care supervisor of the State Hospital Commission of Michigan, came to the school on August 7 and remained overnight. During her stay, she observed the colony system, and inspected many of the colonies. She was accompanied in her visitation by Mr. York and Miss Stebbens of the social service, who explained the Rome theory of extra-institutional care to Mrs. Culver.

The members of the Pleasant Valley Study Club from Madison County, had a "walking-clinic" on the afternoon of August 19. Dr. Millias accompanied the women through the institution and gave a talk about the incidence of mental defect and about the care and treatment given defectives at this institution.

The third annual summer outing of the employees' club was on August 26, at Scot-Noose Park, Sylvan Beach on Oneida Lake. About 200 employees attended the gathering. Everyone enjoyed the picnic and festivities which took place.

Dr. Montgomery, acting superintendent, presented a memorial on the life and activities of Dr. Charles Bernstein at the Quarterly Conference of the Department in Albany on September 24.

The quarterly meeting of the Oneida County Medical Society was held at the institution October 13. Luncheon was served to the members of the society in N-Cafeteria. Several members of the medical staff from Rome Air Depot were present as guests. Following the luncheon, the medical society transacted routine business, and then listened to a scientific program. Lieut. Col. Irwin Alper, flight surgeon and commander of the base hospital at the depot, addressed the society. His talk was directed mainly to the nature of the medical work and duties of physicians at the depot, together with various phases of aviation and army medicine. Dr. Clayton Green of Buffalo, presented a paper on the sulfa drugs, and reviewed their present place in

the physician's armamentarium. The women's auxiliary of the society had luncheon with the physicians, and held its meeting separately during the afternoon. Miss Inez F. Stebbens, director of women's social service, talked to the women about the history of Rome State School, and gave a brief sketch of the Rome plan for the extra-institutional care and training of mental defectives.

On November 20, Professor Roy Wm. Foley, member of the board of visitors and professor of sociology at Colgate University, brought a group of students to the school. Dr. Ward W. Millias conducted a "walking-clinic" for them. Various groups of defectives were shown, and methods were discussed for the care and treatment of mental defectives, both in the community and in the institution.

Three attendants at Rome died in the six-month period. They were Mrs. Catherine Ellis, on August 21; Mrs. Aletha Cole on October 4; and Mrs. Leola Burnham on November 25.

SYRACUSE STATE SCHOOL

On July 4, a Syracuse State School field day celebration was held at the city school and also at the colonies at Fairmount. Refreshments were served and prizes awarded.

Due to transportation difficulties, the girls' camp could not be conducted at Lake Ontario this summer, but, during the months of July and August, the parole and colony girls attended the Y. W. C. A., where they learned handicrafts, swimming and dancing.

The following attendants were granted leaves of absence to enter military service: Walter L. Davis, Harold Chauvin, Howard Truax, James W. Jordan, Joseph J. Murphy, James E. Kohler and Lyle B. Ladd.

On August 18, 1942, Celia Omaylo, charge nurse, who had received a military leave on March 27, 1941, resigned, following her marriage to Capt. Robert Bruce Mellett, M. C., U. S. A.

In October, the grade and industrial departments had their seasonal kindergarten parties and parade.

From November 10 to 13, members of the social service department attended the State Conference on Social Work at Syracuse. On December 9, the members attended a hearing on "War Time Traits and Child Delinquency," conducted by David C. Aidie, Commissioner of the department of welfare, at the Court House, Syracuse.

The institution is cooperating with the city defense authorities in practice blackouts. The chief engineer is a postwarden of the sector in which the school is located and cooperates with the warden of this district. One of the employees belongs to the "Ladies Auxiliary," which is organized for spe-

cial duties during blackouts. The Boy Scouts patrol the grounds and see that no one leaves the institution grounds without permission. Several employees are taking the course in first aid.

On November 12, the parole girls held their annual dance at Music Hall from 7 to 10. About 75 parole girls and 65 colony girls attended.

The school's Boy Scout Troop, No. 31, won, at Camp O Rall, four blue ribbons for first aid, personal first aid, signalling and map making, and two red ribbons for knot tying and scouting games; and, in November, two members of the troop received victory plaques for their cooperation and work in the war effort.

Fall produce was harvested satisfactorily except for a somewhat small crop of potatoes which were affected by blight prevalent in the general locality.

The institution is cooperating with the Onondaga County War Savings staff in a campaign, "Remember Pearl Harbor," for the purpose of increasing the payroll saving deductions for the purchase of Liberty Bonds. A sound film was shown to several groups of employees in order to show where the dollar is spent in war defense.

Two physicians of the hospital are acting as neuropsychiatrists at the Syracuse area induction station.

A Christmas play, "The Crosspatch Fairies," was presented to the children and guests at the school on December 17 and 18.

The annual Christmas sale of the arts and crafts department was held at Music Hall on December 8 and 9. Approximately \$600 was realized.

The Rev. James E. Callahan replaced the Rev. John H. Donnelly as Catholic chaplain of the school on November 1.

WASSAIC STATE SCHOOL

At the present time Wassaic has 67 employees in military service. This includes one physician, one registered nurse and one girl in the WAACs.

Inasmuch as the scoutmaster and one of his assistants have entered military service, and the other assistant has resigned to go into defense work, it has been necessary to disband the Boy Scout troop for the duration of the war. This troop had enjoyed six successful years of scouting.

On October 28, Bishop Stephen J. Donohue confirmed 82 Catholic children at this institution.

The Red Cross blood bank visited Wassaic on October 31 and obtained blood plasma from 106 employee donors.

The employees continue to report regularly for aeroplane spotting duty. The observation post has been placed on the roof of X-3, a three-story em-

ployees' home. This new location affords an excellent view. A telephone connection has been installed and the shelter made as comfortable as possible against wintry winds.

Edward D. Steen of Newburgh was appointed pharmacist at the school on November 4.

The Christmas sale of the occupational therapy department was very successful despite the fact that three male teachers have either entered military service or defense work, curtailing the manual training department. A sale of articles was also held for one day at Kingston Colony.

CRAIG COLONY

Field day was held at Craig Colony, August 19, to raise funds for the U. S. O., the net proceeds amounting to \$650. In the evening there were ceremonies, the dedicating of a service flag and honor roll of those in federal service from Sonyea.

On September 16, the graduating exercises of the Craig Colony Training School for Nurses took place. There were 14 graduates, nine women and five men.

On October 1, a minstrel show was presented by the Colonists' Club, an organization of male patients.

December 3 to 12, the Sonyea Community Chest and War Fund raised \$1,563, despite a shortage of over 25 per cent of colony employees.

August C. Schmidt, baker at the colony for six years, died on October 31.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

APPOINTMENTS

Assistant Physician

Mehlman, Dr. Alexander, assistant physician, Wassaic State School, June 8.

Quadfasel, Dr. Fred A., assistant physician, Rockland State Hospital, November 1.

Psychiatric Interne

Daltroff, Dr. Wilburta, psychiatric interne, Psychiatric Institute and Hospital, July 1.

Malinash, Dr. Louis, psychiatric interne, Psychiatric Institute and Hospital, July 1.

Myerson, Dr. Paul G., psychiatric interne, Psychiatric Institute and Hospital, July 1.

Remington, Dr. Avon C., psychiatric interne, Psychiatric Institute and Hospital, July 1.

Shea, Dr. Elmer J., psychiatric interne, Psychiatric Institute and Hospital, July 1.

Taylor, Dr. Reginald M., psychiatric interne, Psychiatric Institute and Hospital, July 1.

Medical Interne

Allen, Dr. Joseph E., medical interne, Rochester State Hospital, July 1.

Bandler, Dr. Morton M., medical interne, Harlem Valley State Hospital, October 1.

Barbaro, Dr. Pasquale F., medical interne, Kings Park State Hospital, September 16.

Beizer, Dr. L. Stanley, medical interne, Creedmoor State Hospital, July 1.

Benda, Dr. Hans, medical interne, Creedmoor State Hospital, October 16.

Blanchette, Dr. Louis A., medical interne, Hudson River State Hospital, November 3.

Bronner, Dr. Alfred, medical interne, Creedmoor State Hospital, September 16.

Cadwell, Dr. Chester T., medical interne, Wassaic State School, September 7.

Centrone, Dr. Sylvester T., medical interne, Brooklyn State Hospital, September 5.

Cerulli, Dr. Remo R., medical interne, Brooklyn State Hospital, October 2.

Chambers, Dr. Merritt G., medical interne, Pilgrim State Hospital, October 15.

Chrzanowski, Dr. Gerhard, medical interne, Pilgrim State Hospital, August 16.

Degen, Dr. William B., medical interne, Brooklyn State Hospital, July 1.

DeStefano, Dr. Victor, medical interne, Syracuse State School, July 1.

d'Isernia, Dr. Richard, medical interne, Central Islip State Hospital, September 23.

Emma, Dr. Angelo J., medical interne, Brooklyn State Hospital, September 7.

Farney, Dr. Esther, medical interne, Rockland State Hospital, December 1.

Fialko, Dr. Abraham, medical interne, Rockland State Hospital, October 15.

Fischer, Dr. Hedwig, medical interne, Syracuse State School, July 1.

Frank, Dr. William G., medical interne, Central Islip State Hospital, September 9.

Frostig, Dr. Jacob, medical interne, Harlem Valley State Hospital, October 1.

Goldbach, Dr. Hilda, medical interne, Marcy State Hospital, November 16.

Goldstein, Dr. Theodore P., medical interne, Brooklyn State Hospital, November 1.

Gourdin, Dr. Allston, medical interne, Harlem Valley State Hospital, October 1.

Guensberg, Dr. Marcus, medical interne, Manhattan State Hospital, July 20.

Guttmann, Dr. David, medical interne, Kings Park State Hospital, November 2.

Handzel, Dr. Valerie, medical interne, Rockland State Hospital, September 1.

Harrison, Dr. Maxwell, medical interne, Brooklyn State Hospital, July 13.

Harter, Dr. Harry M., medical interne, Macey State Hospital, July 1.

Iuspa, Dr. Vincent, medical interne, Brooklyn State Hospital, November 24.

Klugler, Dr. Joseph, medical interne, Central Islip State Hospital, July 1.

Kris, Dr. Elsie, medical interne, Pilgrim State Hospital, September 14.

Kris, Dr. Ludwig, medical interne, Pilgrim State Hospital, September 14.

Kuntz, Dr. Julius, medical interne, Letchworth Village, July 15.

Lang, Dr. Joseph T., medical interne (temporary, on assignment from Temporary Commission on State Hospital Problems), Rockland State Hospital, September 19.

Lange, Dr. Hanna S., medical interne, Creedmoor State Hospital, October 16.

Lawrence, Dr. Cornelia Maeder, medical interne, Hudson River State Hospital, October 1.

Lekisch, Dr. Hugo, medical interne, Kings Park State Hospital, November 2.

Maxwell, Dr. Thomas M., medical interne, Pilgrim State Hospital, December 9.

Moghtader, Dr. Edith, medical interne, Pilgrim State Hospital, September 11.

Moghtader, Dr. Majid, medical interne, Pilgrim State Hospital, September 11.

Muenzer, Dr. Charles, medical interne, Rockland State Hospital, October 31.

Page, Dr. Fritz Hans, medical interne, Central Islip State Hospital, December 16.

Perlmutter, Dr. Martin, medical interne, Brooklyn State Hospital, September 8.

Plotkin, Dr. Zalman, medical interne, Syracuse State School, September 16.

Quadfasel, Dr. Fred A., medical interne, Rockland State Hospital, August 17.

Raphael, Dr. Alfred J., medical interne, Brooklyn State Hospital, July 18.

Reis, Dr. Julius, medical interne (temporary, on assignment from Temporary Commission on State Hospital Problems), Rockland State Hospital, October 12.

Rogati, Dr. Orpheus A., medical interne, Kings Park State Hospital, July 6.

Schattner, Dr. Erwin, medical interne, Central Islip State Hospital, July 16.

Schreiber, Dr. William, medical interne, Brooklyn State Hospital, October 1.

Silberstein, Dr. Friedrich L., medical interne, Central Islip State Hospital, July 6.

Sportiello, Dr. Frank A., medical interne, Brooklyn State Hospital, August 17.

Sternbach, Dr. Anna, medical interne, Creedmoor State Hospital, October 16.

Thomas, Dr. Victor D., medical interne, Marcy State Hospital, October 5.

Villara, Dr. Joseph J., medical interne, Brooklyn State Hospital, July 10.

Weiss, Dr. Jakob, medical interne, Creedmoor State Hospital, July 20.

Willner, Dr. Herman H., medical interne, St. Lawrence State Hospital, July 6.

Psychiatric Externe

Duhon, Dr. Samuel C., psychiatric externe (United States Public Health Service), Psychiatric Institute and Hospital, July 23.

Elpern, Dr. Sidney, psychiatric externe, Psychiatric Institute and Hospital, July 1.

Slaff, Dr. Florence, psychiatric externe, Psychiatric Institute and Hospital, July 27.

Zaidens, Dr. Sadie, psychiatric externe, Psychiatric Institute and Hospital, July 1.

Dental Interne

Gibson, Dr. Joseph A., Jr., dental interne, Hudson River State Hospital, July 1.

Guerin, Dr. Harold, dental interne, Harlem Valley State Hospital, July 1.

Street, Dr. James D., dental interne, Rockland State Hospital, August 3.

REINSTATEMENT

Gold, Dr. Leonard S., assistant physician, Brooklyn State Hospital, August 1.

PROMOTIONS

Superintendent

Bisgrove, Dr. Sidney W., from first assistant physician, Marcy State Hospital, to superintendent, Syracuse State School, November 1.

Kelleher, Dr. James P., from first assistant physician, Hudson River State Hospital, and acting medical inspector to superintendent, Rome State School, November 1.

Acting Medical Inspector

Stanley, Dr. Alfred M., from first assistant physician, Rockland State Hospital, to acting medical inspector, November 1.

First Assistant Physician

Bennett, Dr. Jesse L., from senior assistant physician to first assistant physician, Creedmoor State Hospital, July 1.

Doolittle, Dr. Glenn J., from director of clinical psychiatry to first assistant physician, Craig Colony, November 1.

Foster, Dr. Richard V., from senior assistant physician to first assistant physician, Pilgrim State Hospital, July 1.

Director of Clinical Psychiatry

Miller, Dr. Joseph S. A., from senior assistant physician to director of clinical psychiatry, Rockland State Hospital, July 16.

ON LEAVE OF ABSENCE

Allen, Dr. Benjamin L., senior assistant physician, Manhattan State Hospital, December 14.

Hoch, Dr. Paul, assistant physician, Manhattan State Hospital, October 24.

ON LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Aberant, Dr. Edward R., medical interne, Gowanda State Homeopathic Hospital, August 15.

Alpert, Dr. Herman S., assistant physician, Letchworth Village, July 22.

Angelo, Dr. Charles, senior assistant physician, Kings Park State Hospital, August 8.

Barahal, Dr. Hyman S., senior assistant physician, Kings Park State Hospital, August 28.

Bergman, Dr. Murray, senior assistant physician, Middletown State Homeopathic Hospital, September 24.

Berlatt, Dr. Louis, assistant physician, Middletown State Homeopathic Hospital, October 3.

Bernstein, Dr. Nathan, senior assistant physician, Kings Park State Hospital, August 28.

Bobeck, Dr. Joseph J., medical interne, Gowanda State Homeopathic Hospital, August 15.

Brown, Dr. James E., senior assistant physician, St. Lawrence State Hospital, September 27.

Campbell, Dr. James A., senior assistant physician, Kings Park State Hospital, September 29.

Catalano, Dr. Joseph J., senior assistant physician, Kings Park State Hospital, August 3.

Cerulli, Dr. Frank, assistant physician, Creedmoor State Hospital, August 20.

Ciafone, Dr. Frank C., medical interne, Middletown State Homeopathic Hospital, August 31.

Colella, Dr. Michael A., medical interne, Gowanda State Homeopathic Hospital, August 15.

Ferber, Dr. David M., assistant physician, Hudson River State Hospital, August 21.

Frumkes, Dr. George, senior assistant physician, Manhattan State Hospital, August 21.

Gans, Dr. Robert, medical interne, Rockland State Hospital, October 30.

Gendel, Dr. Edward, medical interne, Pilgrim State Hospital, July 6.

Gioscia, Dr. Nicolai, medical interne, Manhattan State Hospital, September 16.

Goodstone, Dr. Gerald L., resident physician, Syracuse Psychopathic Hospital, August 17.

Harin, Dr. Nicholas N., assistant physician, Pilgrim State Hospital, September 7.

Henne, Dr. Frank R., senior assistant physician, Marcy State Hospital, September 21.

Hildreth, Dr. Edward R., dental interne, Central Islip State Hospital, September 1.

Hunt, Dr. Robert C., senior assistant physician, Rochester State Hospital, September 28.

Hutchings, Dr. Charles W., senior assistant physician, Marcy State Hospital, September 1.

Hyde, Dr. Charles R., assistant physician, Brooklyn State Hospital, July 11.

Jelley, Dr. Thomas H., senior dentist, Newark State School, July 24.

Jervis, Dr. George A., pathologist, Letchworth Village, September 30.

Kern, Dr. Walter S., assistant physician, Rockland State Hospital, September 3.

Kesselman, Dr. S. Reginald, medical interne, Brooklyn State Hospital, September 5.

Lacy, Dr. Thomas, senior assistant physician, Pilgrim State Hospital, August 12.

Lehrman, Dr. Samuel R., assistant physician, Creedmoor State Hospital, September 16.

MacCasland, Dr. Willis E., dentist, Marcy State Hospital, September 6.

McCauley, Dr. John J., dentist, Brooklyn State Hospital, November 13.

McGuinness, Dr. Edward J., medical interne, Brooklyn State Hospital, July 17.

Mehlman, Dr. Alexander, assistant physician, Wassaic State School, August 12.

Miller, Dr. Leonard J., dental interne, Kings Park State Hospital, July 1.

Naelerio, Dr. Thomas A., assistant physician, Creedmoor State Hospital, August 11.

Napp, Dr. Louis, medical interne, Middletown State Homeopathic Hospital, August 24.

Nussbaum, Dr. Kurt, medical interne, Buffalo State Hospital, October 19.

Palmer, Dr. James N., assistant physician, Utica State Hospital, August 16.

Palmer, Dr. L. Secord, senior assistant physician, Willard State Hospital, July 6.

Parker, Dr. Ceylon M., assistant physician, Pilgrim State Hospital, September 15.

Parr, Dr. Robert, dentist, Central Islip State Hospital, August 25.

Piekielniak, Dr. Thaddeus T. W., medical interne, Utica State Hospital, September 29.

Pierce, Dr. Hugh M., assistant physician, Rochester State Hospital, August 16.

Portnoy, Dr. Isidor, assistant physician, Kings Park State Hospital, August 22.

Raphael, Dr. Alfred J., medical interne, Brooklyn State Hospital, August 3.

Roberts, Dr. Lawrence P., assistant physician, Rockland State Hospital, August 31.

Roose, Dr. Lawrence J., assistant physician, Rockland State Hospital, October 22.

Rudin, Dr. David, medical interne, Brooklyn State Hospital, July 10.

Savitt, Dr. Robert A., senior assistant physician, Creedmoor State Hospital, September 5.

Schantz, Dr. Benjamin A., senior assistant physician, Middletown State Homeopathic Hospital, September 7.

Schneider, Dr. Paul M., senior assistant physician, Rochester State Hospital, August 8.

Schreiber, Dr. William, medical interne, Brooklyn State Hospital, October 2.

Stevenson, Dr. Edward D., assistant physician, Marcy State Hospital, November 30.

Tagliavia, Dr. Anthony, assistant physician, Creedmoor State Hospital, September 5.

Taylor, Dr. Reginald M., psychiatric interne, Psychiatric Institute and Hospital, January 1, 1943.

Thaw, Dr. Daniel, senior assistant physician, Binghamton State Hospital, October 10.

Unger, Dr. Max, senior assistant physician, Middletown State Hospital, October 26.

Walters, Dr. Guy M., senior assistant physician, Willard State Hospital, October 15.

Watts, Dr. Lloyd E., senior assistant physician, Hudson River State Hospital, July 21.

Weiss, Dr. Edward J., assistant physician, Creedmoor State Hospital, October 11.

Zaphiropoulos, Dr. Miltiades L., medical interne, Rockland State Hospital, September 30.

Zuger, Dr. Max, senior assistant physician, Middletown State Hospital, September 9.

TRANSFERS

First Assistant Physician

Grover, Milton M., first assistant physician, from Harlem Valley State Hospital to Hudson River State Hospital, November 1.

Director of Clinical Psychiatry

Davidoff, Dr. Eugene, from director of clinical psychiatry (temporary), Willard State Hospital, to director of clinical psychiatry (permanent), Craig Colony, January 1, 1943.

Assistant Physician

Daniel, Dr. Bruno, assistant physician, from Rockland State Hospital to Manhattan State Hospital, September 1.

Manjoney, Dr. Philip, assistant physician, from Dannemora State Hospital to Central Islip State Hospital, October 22.

Medical Interne

Berardelli, Dr. Dandolo, medical interne, from Syracuse State School to Creedmoor State Hospital, July 1.

Berczel, Dr. Nicholas, medical interne, from Marey State Hospital to Buffalo State Hospital, September 1.

RESIGNATIONS

Senior Assistant Physician

Brockman, Dr. Katherine G., senior assistant physician, Creedmoor State Hospital, August 16.

Assistant Physician

Brill, Dr. Loretta, assistant physician, Pilgrim State Hospital, September 15.

Cook, Dr. Dora G., assistant physician, Middletown State Homeopathic Hospital, November 9.

Davis, Dr. Kathleen O'Brien, assistant physician, Pilgrim State Hospital, September 11.

Rexford, Dr. Eveoleen, assistant physician, Central Islip State Hospital, November 18.

Riley, Dr. Peter B., assistant physician, Buffalo State Hospital, September 30.

Waterfield, Dr. Hanford, assistant physician, Kings Park State Hospital, December 7.

Psychiatric Interne

Malinash, Dr. Louis, psychiatric interne, Psychiatric Institute and Hospital, September 30 (to enter the armed services).

Nagler, Dr. Simon H., psychiatric interne, Psychiatric Institute and Hospital, December 31 (to enter the armed services).

Ullman, Dr. Montague, psychiatric interne, Psychiatric Institute and Hospital, October 31 (to enter the armed services).

Medical Interne

Beizer, L. Stanley, medical interne, Creedmoor State Hospital, August 21.

Bergmann, Dr. Jerome W., medical interne, Creedmoor State Hospital, October 1.

Bogmenko, Dr. Leon T., medical interne, Pilgrim State Hospital, November 5.

Degen, Dr. William B., medical interne, Brooklyn State Hospital, September 30.

DeStefano, Dr. Victor, medical interne, Syracuse State School, September 15.

d'Isernia, Dr. Richard, medical interne, Brooklyn State Hospital, July 31.

Goldstein, Dr. Edward W., medical interne, Brooklyn State Hospital, November 23.

Gordon, Dr. Hirsch L., medical interne, Pilgrim State Hospital, December 31.

Goshen, Dr. Charles Ernest, medical interne, Central Islip State Hospital, July 4.

Horwitz, Dr. David, medical interne, Rochester State Hospital, August 6.

Howard, Dr. Rhoda, medical interne, Binghamton State Hospital, August 31.

Huff, Dr. Elizabeth, medical interne, Central Islip State Hospital, June 30.

Jarvis, Dr. Wilbur, medical interne, Harlem Valley State Hospital, December 31.

Searano, Dr. Simone J., medical interne, Brooklyn State Hospital, October 5.

Stander, Dr. Alvin V., medical interne, Pilgrim State Hospital, October 21.

Toye, Dr. Joseph J., medical interne, Central Islip State Hospital, July 3.

Wadler, Dr. William, medical interne (temporary, on assignment from Temporary Commission on State Hospital Problems), Marcy State Hospital, November 16.

Wright, Dr. Harold S., medical interne, Pilgrim State Hospital, August 21.

Psychiatric Externe

Duhon, Dr. Samuel C., psychiatric externe (United States Public Health Service), Psychiatric Institute and Hospital, December 31.

Simon, Dr. John L., psychiatric externe, Psychiatric Institute and Hospital, December 31.

Dentist

Meyers, Dr. Hubert C., dentist, Gowanda State Homeopathic Hospital, July 31.

Dental Interne

Gibson, Dr. Joseph A., Jr., dental interne, Hudson River State Hospital, July 20.

Street, Dr. James D., dental interne, Rockland State Hospital, November 3.

RETIREMENTS

Senior Assistant Physician

Fialko, Dr. Nathan, senior assistant physician, Manhattan State Hospital, September 1.

Assistant Physician

Brown, Dr. Sherman, assistant physician, Hudson River State Hospital, July 20.

DEATHS

Phillips, Dr. Arthur M., first assistant physician, Manhattan State Hospital, December 16.

Trader, Dr. William N., first assistant physician, Craig Colony, October 11.

Rowe, Dr. Charles E., superintendent, Syracuse State School, July 30.

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— and Spotnitz, H.: Evaluation of the effects of intravenous insulin technic in the treatment of mental diseases—a followup study of a group of patients treated with intravenous injection of unmodified insulin and zinc-insulin crystals. *Am. J. Psychiat.*, 99:3, 394-397, November, 1942.

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Warden, C. J., Barrera, S. E., and Galt, W.: The effect of unilateral and bilateral frontal lobe extirpation on the behavior of monkeys. *J. Compar. Psychol.*, 34, 149-171, October, 1942.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Abel, Theodora M.: The Subnormal Adolescent Girl. (With Elaine F. Kinder, Ph.D.). Published in September, 1942, by Columbia University Press. New York. 1942.

Humphreys, Edward J.: Editorial. *Am. J. Ment. Defi.*, 47:1, July, 1942.

Editorial comment on "A memorandum on the selective process in general and on the rôle of psychiatry in the selective process and in the armed forces." *Am. J. Ment. Defi.*, 47:2, October, 1942.

Editorial—Article (with Richard H. Hungerford) on "A proposal to use the services in the war and postwar effort of certain persons now unplaceable in competitive work." *Am. J. Ment. Defi.*, 47:2, October, 1942.

Jervis, George A.: Presenile psychosis of the Jakob type. (With Herman M. Hurdum and Francis J. O'Neill). *Am. J. Psychiat.*, 99:1, July, 1942.

Occurrence of brain hemorrhages in choline deficient rats. *Proc. Soc. Exper. Biol. and Med.*, 51:193, 1942.

ADMINISTRATIVE OFFICES

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Eleanor C. Slagle. *Am. J. Psychiat.*, November, 1942.

Alcohol and mental disease. *Allied Youth*, November, 1942.

Malzberg, Benjamin: Studies of the results of insulin and other shock treatments in the New York civil State hospitals. Report of the Temporary Commission on State Hospital Problems. Albany. 1942.

The outcome of electric shock therapy in the New York civil State hospitals. *PSYCHIAT. QUART.*, January, 1943.

OFFICE OF SECRETARY

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Eleanor Clarke Slagle—an appreciation. *Ment. Hyg.*, January, 1943.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

BINGHAMTON

Gregory, Hugh S.: Future planning for the care of the State's unfortunates. Before Binghamton Rotary Club, August 27.

Psychiatric service to the community in time of war. Before Binghamton Lion's Club, September 8.

War time needs of our children. Before parent-teacher association, Thomas Jefferson School, Binghamton, October 14.

Prevention and control of panic. Before training institute for air raid wardens, Broome County Court House, December 5.

Psychiatrists' contribution to the war effort. Before Tioga County Medical Society, Owego, December 8.

The State hospital in time of war. Before Rotary Club, Johnson City, December 9.

Psychoses and religion. Before young peoples group, Trinity Episcopal Church, Binghamton, December 13.

BROOKLYN

Bellinger, Clarence H.: Address, Flatbush Y. M. C. A., Brooklyn, on care and treatment of the mentally ill in New York State, October 13.

Address, at meeting of Journal Club, New York Post-Graduate Hospital, on the effect of the war on the civilian population, December 18.

Beckenstein, Nathan: Lectures and clinical demonstrations to the following groups on the dates mentioned: students from Hunter College, July 17; class in abnormal psychology, New York University, July 23; graduate students in psychopathology from College of the City of New York, October 31 and November 14.

Riemer, Morris D.: Lecture and clinical demonstration to groups from Reconciliation Trips, Abraham Lincoln High School, and Brooklyn College, December 5.

Nelson, Julius L.: Lectures and clinical demonstrations to the following groups on the dates mentioned: senior students from Brooklyn College, November 6; high school teachers and senior students from Manhattanville College, December 5; group from New York University, December 11.

Zimmerman, Joseph K.: Lecture and clinical demonstration to a group sponsored by Reconciliation Trips, July 25.

Van Bark, Bella S.: Problems of parents in war time. Address to parent-teacher association, P. S. 92, Brooklyn, October 28.

Unwin, Florance R.: Completed a course of lectures in home nursing in December under the auspices of the Red Cross.

Lockwood, Mildred H.: Talk on social service to students from Hunter College, September 10.

Porter, Victorine H.: Lectures on social service during December to affiliating student nurses.

BUFFALO

Faver, Harry E.: Psychology of propaganda. Before First Methodist Church meeting, October 17.

Mental hygiene of children in war time. Before parent-teacher association of John Pound School, Lockport, November 12.

Emotions in war time. Before Williamsville High School, November 17.

Psychiatry. Before Gray Ladies, Lockport City Hospital, December 21.

Mental hygiene of civilians in war time. Talk to air raid wardens, Williamsville Town Hall, July 16.

Demonstrations of cases of organic and functional psychoses, illustrating their relationship to educational and social problems. To psychology and sociology classes of University of Buffalo and State Teachers' College, July 25 and August 1.

Psychology of women in industry. To Buffalo Industrial Relations Board, August 11.

Acute mental symptoms. Talk to air raid wardens, Buffalo, October 17.

German psychological warfare. Annual meeting eastern central district of American Association of Medical Social Workers, Buffalo, October 30.

Riedel, Iona B.: Nursing in mental hospitals. To sociology and mental hygiene classes, Fredonia State Teachers' College, July 28.

Pratt, Theresa E.: Occupational therapy in mental hospitals. To sociology and mental hygiene classes, Fredonia State Teachers College, July 28.

Occupational therapy for mental patients. To young people's group, First Presbyterian Church, Buffalo, October 18.

156 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

CENTRAL ISLIP

Bellsmith, Ethel B.: The social service department of the State hospital. Before the College Club of Islip, November 1.

Gralnick, Alexander: Neurological and physiological mechanisms of respiration. Address to Islip Town First Aid Workers, Islip High School, Islip, December 9.

CREEDMOOR

Hall, Robert J.: Address on how the psychiatrist, the minister and the doctor may cooperate. To Nassau County Ministers' Association, Garden City, November 19.

Moore, Jack: Paper on central nervous system neoplasms occurring in mental patients—with lantern slide discussion. To Brooklyn Neurological Society, Brooklyn, November 24.

GOWANDA

Gray, E. V.: Fire prevention. Talks to Gowanda and Cattaraugus Kiwanis Clubs, October 5.

Mental hygiene. Address to Hamburg Chamber of Commerce, November 4.

Mudge, E. H.: Psychiatry at an army induction center. Address to Gross Medical Club, Buffalo, November 20.

Marritt, H. D.: Psychiatry and mental hygiene. Address to Eden-North Collins Rotary Club, October 8.

Psychiatry and human personality. Address to University Club of Jamestown, November 5.

Preserving mental health. Address to Gowanda parent-teacher association, November 24.

Ozarin, L. D.: Mental hygiene. Address to Community Mothers' Club, Salamanca, October 2.

HARLEM VALLEY

LaBurt, H. A.: Morale and mental health. Broadcast over Station WGNY, Newburgh, July 7.

Relationship of psychiatry to the war effort. Talk before Rotary Club, Carmel, July 22.

German psychological warfare. Talk before Lake Mahopac Rotary Club, August 19.

Psychology in total war. Talk before Lake Mahopac Rotary Club, September 30.

Psychological problems of high school children in war time. Talk before high school students of the Methodist Episcopal Church, Lake Mohopac, October 27.

HUDSON RIVER

Ross, John R.: Prevention and control of panic. Lecture to the Poughkeepsie area training institute for air raid warden instructors, December 12.

Grover, Milton M.: Adjustment of the civilian to military service. Lecture to Dutchess County social service workers, Poughkeepsie, December 7.

Notkin, John Y.: Disorders of the nervous system. Presented cases of Huntington's chorea at the 15th annual Graduate Fortnight, conducted by the New York Academy of Medicine, October 16.

Instruction in clinical neurology. To matriculates of the New York Post-Graduate Medical School, Columbia University.

MANHATTAN

Phillips, Arthur M.: Lectures with clinical demonstrations of psychiatric cases to a group of second-year students of Cornell University Medical School once weekly from October 9 to December 11.

Stein, Nobe E.: Lectures with clinical demonstrations of the major psychoses to students from the College of Physicians and Surgeons, Columbia University, August 18, 20 and 21.

Lectures to students from the College of Physicians and Surgeons on organic and functional psychoses, October 27 and 29.

Lecture with clinical demonstrations of psychiatric cases to students from the College of Physicians and Surgeons, December 15.

Bloomfield, Maxwell I.: Lecture with clinical demonstrations of the functional psychoses to students from the College of the City of New York, August 11.

Kusch, Ernest: Lecture with clinical demonstrations of psychiatric cases to students from Queens College, December 14.

158 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Allen, Benjamin: Lectures with clinical demonstrations to students from Hunter College, New York City, July 20 and 30.

Harlow, Ralph: Lectures with clinical demonstrations of the organic psychoses to two groups of affiliating students from the New York State Psychiatric Institute and Hospital, October 22 and 29.

Hoch, Paul: Biological and clinical relationships of epilepsy and schizophrenia. Read at a meeting of the Psychiatric Society of the Metropolitan State Hospitals at Manhattan State Hospital, November 23.

MARCY

Gronlund, Anna A.: The growing boy and girl. Talk before the Mohawk Valley Ministerial Association, Herkimer, September 29.

MIDDLETOWN

Schmitz, Walter A.: Sidelights on Russia. Before Kiwanis Club luncheon, July 8.

Kelly, William E.: An illustrated adventure in pathology. Before Men's Club of the First Congregational Church, Middletown, December 8.

Osborne, Maysie T.: State hospital activities. Talk before Women's Auxiliary of Grace Church, Middletown, November, 1942.

PILGRIM

Bigelow, N. J. T.: What syphilis means to the individual. Address, Town Meeting, Hotel Martin, Utica, October 6.

Brussel, James A.: Address. Nurses school graduation, Willard State Hospital, Willard, September 10.

The student and the war. Ovid High School, Ovid, September 11.

The psychoneuroses in military psychiatry. Neuron Club, Willard State Hospital, Willard, September 12.

Librarian, Station Hospital, Fort Dix, N. J., November 1.

Historian, Station Hospital, Fort Dix, N. J., December 27.

Kalinowsky, L. B.: Electric shock therapy in practice and research. Paper read at the annual meeting of the American Academy of Physical Medicine in Boston, October 15.

ROCHESTER

Pollack, Benjamin: Fundamental drives and their conditioning. Talk to theological students, July 17.

Discussion and presentation of cases of military interest; X-ray demonstrations of interesting findings in psychotics. Lecture clinic to army medical officers, Rochester Induction and Recruiting Station, October 29.

English, William H.: Psychiatric consultation service for student nurses. Address to New York State League of Nursing Education, October 16. Alzheimer's disease. Lecture clinic to army medical officers, Rochester Induction and Recruiting Station, October 29.

Slaght, Kenneth K.: Morale. Address to New York State Convention, Plant Protection School, Chamber of Commerce, October 21.

Anxiety and morale. Talk to air raid warden instructors, School 16, Rochester, October 24.

Selective service psychiatry. Talk before council of social agencies, November 30.

Lemmle, Malwina T.: Psychology of alcoholism. Talk to divinity students, July 31.

Completion of standard Red Cross first aid course to neighborhood air raid wardens, July, 1942.

Morale and the graduate nurse. Talk to refresher group at Highland Hospital, October 22.

Completion of advanced Red Cross first aid course to employees and neighbors of hospital, December, 1942.

Lecture clinic to army medical officers, Rochester Induction and Recruiting Station, October 29.

Haines, Henry H.: Discussion and demonstration of electric shock and metrazol treatments. Lecture clinic to army medical officers, Rochester Induction and Recruiting Station, October 29.

Veeder, Willard H.: Trends in mental diseases. Radio address sponsored by Tuberculosis and Health Association of Monroe County, December 6.

ROCKLAND

Smith, James W. (member of board of visitors): Ochronosis of the sclera and cornea complicating alkaptonuria: Review of the literature and report of four cases. Paper presented before the May meeting of the American Medical Association, Atlantic City, N. J.

160 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Clardy, Ed Rucker: The study and treatment of behavior problem children. Address before graduate students from Teachers' College, Columbia University, and Fordham University psychology students, July 30, at Rockland State Hospital.

Psychosexual development of the normal child, October 14; behavior problems arising in the psychosexual development of children, October 16. Addresses before the Committee on Child Care, Division of the New York State Council of Defense, Albany.

ST. LAWRENCE

Howard, Clifford E.: Address on civilian morale to a group of air raid warden instructors at Watertown, October 27.

Lecture and clinical demonstration on organic psychoses to 40 students of the class of abnormal psychology, St. Lawrence University, of Canton, accompanied by Professor Charles M. Rebert, at St. Lawrence State Hospital, November 19.

Carson, William R.: Address on fever therapy at the Ogdensburg Rotary Club luncheon, Hotel Seymour, Ogdensburg, July 30.

Feinstein, Samuel: Address on shock therapy to members of the State Nurses' Association, District No. 6, at St. Lawrence State Hospital, July 2.

Lecture and clinical demonstration on functional diseases to 40 students of the class of abnormal psychology, St. Lawrence University, of Canton, accompanied by Professor Charles M. Rebert, at St. Lawrence State Hospital on November 19.

UTICA

Merriman, Willis E.: Mental hygiene and the social order. Address to the women's auxiliary of Calvary Church, Utica, October 22.

Helmer, Ross D.: Personalities. Address to the Industrial Girls' Club at Munson-Williams-Proctor Memorial Building, Utica, November 10.

McKendree, Oswald J.: Prevention and control of panic. Address at air raid warden instructor training institute, Oneida County Court House, Utica, November 7.

Control of morale and panic. Address to a group of women war mandos, Hutchings Hall, November 24.

Schied, Eva M.: The duties of social workers in connection with the psychiatric screening of cases for the selective service. Address to workers of draft boards 383, 384 and 385 at County Welfare Office, Amsterdam, July 6; to social workers and members of draft boards 362, 363 and 364 (Saratoga County) at County Department of Public Welfare Office, Ballston Spa., July 7; and to the advisory committee, social workers and members and clerks of draft boards 484, 485 and 486, Court House, Oswego, July 10.

Participated in panel discussion, Psychiatric screening of draftees for selective service, at New York State Conference of Social Work, Syracuse, November 12.

Charles, Catherine: Mental hygiene. Address to the Lay Public Health Committee, Charleston Four Corners, November 18.

Addressed the New York State Public Health Nurses, Fulton and Montgomery Counties on November 19, as follows: (a) Amsterdam—Seniles; (b) Gloversville—Commitments; (c) Fort Plain—Problems of children.

Understanding human behavior under strain of war incidents. Address to the voluntary emergency welfare personnel of Montgomery County at Fort Plain, December 8, at Fonda on December 9, and at Amsterdam on December 10.

Alberts, Dorothy H.: Mental hygiene and morale. Address to women's society, Methodist Church, Central Bridge, August 26.

WILLARD

Davidoff, Eugene: Mental clinics to class in abnormal psychology, Cornell University, July 13 and 24.

Address to Seneca County Medical Society, electro shock therapy, October 8.

Address to freshmen class, Hobart College, mental hygiene, November 2.

Mental clinics to class in abnormal psychology, Hobart College, November 10, 19 and 24.

Raffaele, Angelo J.: Mental clinic to class in abnormal psychology, Hobart College, November 24.

Raffaele, Grovienne M.: Address to a group of juniors and seniors at Keuka College, The rôle of the social worker in the mental hospital.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Barreira, S. Eugene: Recurrent experimental Jacksonian seizures in the monkey. Presented at the November, 1942, meeting of the Psychiatric Society of the Metropolitan State Hospitals, at Manhattan State Hospital.

Hinsie, Leland E.: Mental hygiene. Address before the Queensboro Tuberculosis and Health Association, December 19.

The depressions—part of brief refresher course under the auspices of the New York Chapter of the American Association of Psychiatric Social Workers in Hospitals and Clinics.

Kallmann, Franz J.: Genetic mechanisms underlying resistance to tuberculosis. Read at the Quarterly Conference at Psychiatric Institute, December 19. (See Page 32.)

Lewis, N. D. C.: Psychology of old age. Before Bryn Mawr College of Nursing, Bryn Mawr, Penn., September 3.

Psychological problems of the aged. Before Seventh District Branch, State Medical Society, at Academy of Medicine, Rochester, September 23.

Graduation address to the sixth class of Hartford Retreat Institute of Living's Post-Graduate School of Psychiatric Nursing, at Hartford Retreat, Conn., September 29.

General methods of examination and approach in psychiatric disorders. Before Fifteenth Annual Graduate Fortnight of New York Academy of Medicine. At Psychiatric Institute and Hospital, October 14.

Practical psychological and psychiatric treatment of the aged. Academy of Medicine, Utica, October 15.

Present status of shock therapy (read by S. E. Barrera). Fifteenth Annual Graduate Fortnight of New York Academy of Medicine, October 21.

The future of psychiatry. Conference on psychiatry, auspices of McGregor Fund of Detroit and University of Michigan. At Ann Arbor, Mich., Horace Rackham School of Graduate Studies, October 22.

The philosophy of psychiatry. Symposium. Ann Arbor, Mich., October 24.

Brief psychotherapy council. Auspices Institute for Psychoanalysis, Chicago, October 25-27.

Review of research work of the Psychiatric Institute during 1942. Before the Quarterly Conference at the Psychiatric Institute and Hospital, December 19. (See Page 25.)

Pacella, Bernard L.: The value of electroencephalography in diagnosis of psychiatric conditions. Before Fifteenth Annual Graduate Fortnight of the New York Academy of Medicine, at New York Post-Graduate Hospital, October 16.

Electroencephalographic studies in patients receiving electric shock therapy. Before Fifteenth Annual Graduate Fortnight of the New York Academy of Medicine, at the Psychiatric Institute, October 21.

Polatin, Phillip: Shock therapy, in psychiatry. To social service departments of Presbyterian Hospital and Neurological Institute, at Psychiatric Institute, July 27.

Case demonstrations illustrating psychiatric disorders. To Graduate Fortnight of New York Academy of Medicine at Psychiatric Institute, October 14.

Organic psychoses simulating dementia praecox. Before the New York Psychiatric Society, Century Club, New York, November 4.

Principles of psychiatry. To Neurological Institute affiliate student nurses. At Psychiatric Institute, August and September, 1942.

SYRACUSE PSYCHOPATHIC HOSPITAL

Steekel, Harry A.: Mental hygiene for war workers. Discussion before social workers of Syracuse, October 14.

Personality weaknesses in modern warfare. Lecture to study group, First Methodist Church, Syracuse, October 28.

Morale and anxiety. Lecture to air raid warden instructor training institute, Syracuse, October 31.

A case of psychasthenia of 15 years duration. Presented before the Thursday Night (Medical) Club, Syracuse, November 5.

The war and its impact on youth. Address before the delinquency section, annual meeting, New York State Conference on Social Work, November 11.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Abel, Theodora M.: Dominant behavior of institutionalized subnormal negro girls. Before the Psychology club at Hunter College, New York City, November 24.

Humphreys, Edward J.: The development of patterns for communication. New York League for Speech Improvement, New York City, October 3.

Lecture course in mental hygiene for teachers at the Washington Heights Health Center, New York City. Problems of human development as seen in the field of mental deficiency, October 7. Discussion on specific relationships between the field of developmental deficiency and the social sciences, October 14.

Clinical review of mental deficiency. Before Men's League of Haverstraw, Haverstraw Methodist Church, October 6.

World revolution in the instinctive and spiritual life of adolescence. Methodist Conference, Tenafly, N. J., October 8.

Ten weeks lecture course on practical psychology for war time living, at the Young Women's Christian Association (West Side branch), New York City, October 8 to December 10.

Subaverage children in society at war. Before Hightstown Women's Club, Hightstown, N. J., October 9.

Problems of human communication. Before Suffern Lions Club, Suffern, October 13.

Special conferences on education and occupation. The utilization of certain physically and mentally handicapped individuals in the war effort. Northeastern Ohio State Teachers' Association, Cleveland, October 29, and New Jersey Association of Psychologists, Trenton, November 7.

Fear reactions in children. Parent-teacher association, Haverstraw, November 17.

SYRACUSE STATE SCHOOL

Deren, S. D.: Mental hygiene. A six weeks course at the Syracuse State School to university undergraduates and graduates, from July 6 to August 14.

Mental hygiene. A talk given to psychology class attending Syracuse University, summer session.

Fischer, Hedwig: How to become twice a physician. A talk before a group of members of the Delaware Baptist Church, Syracuse, on December 2, in order to raise funds for the starving children of France.

WASSAIC

Pense, Arthur W.: Clinical demonstration with lecture on mental deficiency. To Harlem Valley State Hospital nurses and affiliates, November 30.

ADMINISTRATIVE OFFICES

OFFICE OF ASSISTANT COMMISSIONER

Lang, H. Beckett: Stress reactions of the war. Before air raid wardens, Schenectady, July 1.

Maintaining worker morale. At plant protection school, Schenectady, October 8.

Panic reactions and their control. Before air raid warden institution, Schenectady, October 10.

Civilian mental health and the war. Before Zonta Club, Albany, October 14.

Maintaining worker morale. At plant protection school, New York City, November 5.

Mental hygiene as a maintenance force. Before New York State Conference of Social Workers, Syracuse, November 13.

Panic reactions and their control. Before air raid warden institute, New York City, November 21.

Mental hygiene aspects of home nursing. Before home nursing class for civilian defense, Delmar, December 1.

Civilian mental health and the war. At Jewish Community Center, Schenectady, December 10.

Mental and emotional factors affecting morale. At block leaders instructors conference, Albany, December 29.

OFFICE OF SECRETARY

Pierce, Clarence M.: Organization and program of the New York State Department of Mental Hygiene. Talk to senior class, Albany Medical College, October 30.

DIVISION OF PREVENTION

Cohen, Donald M.: Medical and psychiatric phases of adoptions. Address at the annual meeting of the New York State Conference on Social Welfare, Syracuse, November 12.

EDITORIAL COMMENT

PSYCHIATRY IS CARRYING ITS BURDEN WELL

American psychiatry can look back upon 1942 as a year marked by the successful surmounting of unprecedented difficulties. The tasks met by the profession in the first 12 months of the war were tremendous, some far greater than anybody had expected, others hardly anticipated at all when our participation in the conflict began.

Many hundreds of psychiatrists left civil life for the armed forces, to organize and staff vastly expanded psychiatric services in a huge army and a greatly increased navy. Many hundreds of others worked with selective service boards to screen poor material from the ranks of the drafted. Psychiatric social workers were called upon by the hundreds to investigate the backgrounds of men summoned to serve. And psychiatrist and social worker alike have faced increasingly difficult tasks in the wide field which deals with military and civilian, national and individual morale.

In the field of morale and wartime mental hygiene, psychiatry has taken a leading part in the detection and combating of foreign propaganda, analyzing enemy technique, unmasking such enemy weapons as rumors of disaster, attempts to raise domestic "race" issues, to sabotage international cooperation by the sowing of suspicion, to divide the nation internally by encouraging "Red-baiting" and supporting home-grown Fascists. Psychiatry has aided in the campaign against venereal disease, fighting against odds not yet overcome for its consideration as a medical, not a legal or a moral problem. Psychiatry has provided for the war factory and the civilian defense officer scientific but comprehensible information on such subjects as rumor, fatigue and organization morale. There is hardly a field of war effort in which its volunteer instructors, speakers and writers have not been called upon for aid.

Psychiatry has met these varied challenges magnificently. Even in endeavors where the possibility of improvement and the need for it have been most evident, pride can be taken in the record. Much has been said about the failure of psychiatric examinations to keep the mentally unfit out of the army and about the lack of time and facilities for the detection of mental cases coming before medical examining boards. But the British, after three years of war, are drafting mental cases for their armed services, as we are doing after one; and in July, 1942, British psychiatrists were reporting with satisfaction that their medical boards were then being called upon to exam-

ine only 22 men in two and one-half hours, nearly 10 minutes to the man, instead of 30 men in a similar period, only seven minutes to the man. The remark at that time by the chairman of the Tottenham Medical Board that "it was only within the last few months that the attention of medical boards had been drawn specially to this investigation of the nervous system" suggests that American psychiatric examinations would not suffer by comparison.

If there is justification for pride here, there is much more justification for it in the record American psychiatrists have made in the maintenance, besides their war duties, of the peace time obligations and burdens of their profession. There is impressive testimony to this in the progress report which New York's Temporary Commission on State Hospital Problems, headed by Homer Folks, made to the Governor last November 30. The personnel problems of the New York civil State hospitals do not require extensive review. On October 1, 1942, there were 139 vacancies, more than 29 per cent, of the authorized medical staff, of which 108 physicians, or nearly 23 per cent of the authorized total, were absent on military service. Including the Psychiatric Institute and Syracuse Psychopathic Hospital, the vacancies on December 31, 1942, were 148. The situation at Rockland State Hospital is illustrative of that elsewhere among nonmedical employees. An informal report indicates that there was a turnover at Rockland of more than a quarter of its employees between July 1 and November 30, 1942, that on the latter date a fifth of the total employed had been recently hired and were inexperienced, and that on November 30 the net loss in number of employees was almost 20 per cent from the figures of January 1, 1942. Rockland had 465 vacancies in its nonmedical personnel on December 31, 1942, Pilgrim 672, Central Islip 509. As for problems aside from that of personnel, needed new construction has been suspended throughout the State hospital system; new buildings and facilities have been turned over for defense purposes and military use; and previously existing structures have been loaned to the army or navy. Medical staff members and employees are overworked; buildings are overcrowded.

Under these circumstances, a growing patient population receiving little more attention than bare custodial care might reasonably have been anticipated. Under these circumstances, however, treatment seems to have been well maintained, and there is evidence that it has been increasingly effective. Parole and family care programs have kept past gains and, in some cases, made new ones. The rate of annual increase in patient population has slowed; and, for the four months ending November 1, 1942, there was an actual, though small, decrease in total population. Colonel Folks' commission, which reports these facts is commendably cautious in pointing morals

or drawing conclusions. What parts increased use of shock treatment and improved economic conditions have played in increasing numbers of paroles and reducing numbers of new admissions are matters concerning which—following the lead of the commission's report—one will find it "neither easy nor simple to go beyond the stage of establishing high degrees of probabilities." There are, however, two conclusions to which one may point with certainty: First in the face of the most tremendous difficulties, the New York civil State hospitals have, at least for a short period and for the first time in 50 years, checked the upward swing in the mental hospital population—the figures for the full six months from July 1, 1942, to December 31, 1942, confirm this trend; and, second, the accomplishment of this feat despite unprecedented handicaps suggests a gain for psychiatry in scientific attainments and popular repute which will make the era following the present war as significant for the science which treats with mental disorder as were the years which followed World War I.

BOOK REVIEWS

No Hiding Place. An Autobiography. By WILLIAM SEABROOK. 406 pages. Cloth. J. B. Lippincott Company. Philadelphia, London, New York. 1942. Price \$3.00.

William Seabrook went from newspaper work to advertising, to freelance writing, to the authorship of several successful and somewhat exotic books of travel, despite personality difficulties which are pretty well known to the literate public—he published a report touching on them a few years ago in “Asylum.” “No Hiding Place” is the record of his life and those difficulties as they appear to himself. His publisher and numerous reviewers have likened this to the self-revelations in the “Confessions” of Jean Jacques Rousseau; but considerable exception might be taken. The seeker for the pornographic will find little of interest; if infantile sex trauma, aside from the Oedipus conflict, figured in his life, Mr. Seabrook either does not know it or does not record it; and one must turn to his other writings for definite notation of at least one sex incident which is inferred but not plainly set forth here.

Mr. Seabrook has been under the intensive, and one may well imagine, the interested study of competent psychiatrists who doubtless made adequate case records, and under this circumstance it hardly seems appropriate for a reviewer to do much speculating about diagnosis or dynamics. There is a bitter sentence of his own which gives a clue: “I seem to have been fated to be dependent on women, young women, old women, white women, black women, good women, bad women, hot women, cold women, from the cradle to the drunkard’s grave where my bones will lie peacefully pickled in alcohol when my wild wandering in this vale of tears is ended . . .” And if much that might be significant is ignored or omitted, much of undoubted significance is included: the birth of a brother he hated “on sight,” separation from his “young and curved and beautiful” mother, and the going to live with his “Grandma Piny,” who was an “‘opium eater’ . . . she drank laudanum,” and who, without introducing him to the drug, did rescue the little boy from “depressions” in which his “child-life had become unbearable” by introducing him to a “dream-world” of marvelous visions which may have been products of hypnosis or self-induced hallucinations. There, too, is the later struggle against the now dominant and feared mother, with the tragic example of the younger brother who struggled and failed; and there is the fetish of “the girl in chains,” first visualized in the dream-world of “Grandma Piny” and later realized in New York City and northern

Arabia, with a lady who fortunately enjoyed being chained and with a dancing girl concubine who had no objections to it. Of what all this is significant is not for the reader to say; the pattern is obvious; but the author mentions discussion of his chains fetish with Dr. Brill; and, while he was hospitalized, he was not psychotic, and he was in an institution—the New York Hospital—Westchester Division—where psychoanalytic concepts are regarded. Thus, whether the autobiographical data represent controlling incidents in the author's personality development or are more of the nature of unconscious "secondary elaboration" of material drawn from psychoanalytic studies may be a question.

Mr. Seabrook writes frankly and, at times, with intense feeling; but he maintains a great deal of the peculiar intellectual detachment which characterizes the best newspaper reporting. It is difficult sometimes to determine the difference between what Mr. Seabrook actually observed and what he is convinced he observed, difficult to judge whether his development at a given time was as he reports it or whether he reports what he now believes it to have been. But fact or belief, as the case may be, is set forth plainly and described clearly, much as a competent man would outline and detail the progress of a four-alarm fire—and with what seems to be extraordinary objectivity. One has a definite feeling that creditable incidents have not been included because they were creditable or that discreditable ones have not been omitted for the contrary reason.

"No Hiding Place" is not a self-analysis; it is not the author-on-parade as many autobiographies are, although there is unavoidable strutting here and there; it is not an attempt to give a history of or interpret a psychopathic state; it is the chronicle of a man unsure of himself and destroying himself; and it may be an act of catharsis or an act of masochism, a necessary self-punishment. It may or may not be significant that, among men of less distinction who have followed writing in our generation, there could be found many essentially similar tales. Mr. Seabrook's story is one of repeated success, sometimes spectacular success, followed by episodes which he characterizes as "running away" and which may, in fact, be explainable on that basis. It is a "running away" which takes various forms, journeys to Haiti, the Near East and Africa, a plunge into the volunteer ambulance service in France in World War I, an extended adventure with chess, and repeated and protracted episodes of heavy drinking. The student of dynamic psychology will be interested to note that Seabrook says at one point concerning liquor ". . . I got to *sucking* on it mornings and afternoons alone . . ." The Italics are the reviewer's. And there may be significance in this same connection in the extraordinary lengths to which the author

went to violate what is probably the one taboo in our civilization so strong that there are no written laws in any western nation to uphold it—the taboo on cannibalism.

Altogether, "No Hiding Place" is the record of a strange and fascinating journey into the human mind—and into a brilliant, if emotionally handicapped, mind. The guide posts of such a journey can be mentioned only briefly; the mild sadism of the girl-in-chains fetish, the extraordinary preoccupation with negro women, the wrecks of two marriages, the intense interest in magic which led from the Haitian mountains to the tropical African jungle, to the orgies of the studio barn at Rhinebeck on the Hudson. Where this trail is now leading, is a question Mr. Seabrook does not answer. It is an experience, described for the most part starkly and with no apparent effort to spare the author from his moody childhood up to the moment when his masochistic needs filled the sadistic requirements of a chance-met young woman who was equipped with determination and a kettle of boiling water. This book will appear to many to be the disgusting revelations of a drunken exhibitionist. This reviewer doesn't agree. If one gets from it the impression that Mr. Seabrook has occasionally played the rôle of a *petit bourgeois* Casanova, there is evidence that he found no lasting satisfaction in it; and there is further evidence of genuine admiration for the women who crossed his path and of effort to spare them unpleasantness in this volume. It is a significant personal and social document and one rich in source material and illustrative material for any psychiatrically-trained reader. And it should not escape note that the traditional rhyme from which the title is derived, "I went to de rock to hide my face, And de rock cried out, 'No hidin' place . . . No hidin' place down dere,'" would appear to have deep analytic significance.

Mental Illness: A Guide for the Family. By EDITH M. STERN, with the collaboration of Samuel W. Hamilton, M. D. Commonwealth Fund. New York. 1942. 134 pages. Cloth. Price \$1.00.

Here is a book which is intended for the layman; for the family of a patient who is in need and receiving institution care.

The book begins with a description of the healthy attitude toward mental illness which is characteristic of informed laymen of the present day. It is to be looked upon as an illness—not wholly unlike other forms of illness—which sometimes requires treatment in an institution.

When that point has been decided in the affirmative the next step is to decide between various institutions, such as sanatoria, public and private mental hospitals. The advantages and disadvantages of each are discussed frankly and without prejudice.

The legal and other steps which are necessary or desirable in anticipation of the patient's arrival at the hospital are detailed; his admission there is described; and the best attitude toward him on the part of his relatives and friends is indicated. Finally, when the time has arrived that the patient's removal home is recommended by the staff physicians, precautions about his resumption of civil life and its responsibilities are described.

No better adviser could be secured for the preparation of a book of this sort than the author has found in Dr. Samuel W. Hamilton. His familiarity with hospital procedure, the law and hospital routines is such as to make him a reliable guide and mentor.

There is only one paragraph in the book to which the reviewer feels that he is justified in taking exception. It is said that Pennsylvania is the only state in which the outworn terms "insane" and "insanity" have been replaced in the law by "mental illness" and "mentally ill." The reviewer realizes that Dr. William C. Sandy who is the instigator of this wise reform has done much to advance the welfare of the mentally ill throughout the country and would be the last to detract from his credit, but in New York State a beginning has been effected in that way. For several years revisions of the Mental Hygiene Law have followed the modern phraseology, and much of the official correspondence, official orders and the like make use of modern terms.

This book should have a wide circulation among hospital clientele. If it were generally studied, much of the prejudice which now prevails would soon disappear. It is a book about mental hospitals and how to obtain the greatest benefits and cooperation with them.

Alcohol Explored. By H. W. HAGGARD, M. D., and E. M. JELLINEK, Ph.D.

297 pages, with 10 line drawings, selected references and index. Cloth.

Doubleday, Doran & Company, Inc. Garden City, N. Y. 1942.

Price \$2.75.

Drs. Haggard and Jellinek have completed the most thorough, scientific and objective work on the subject of alcohol which this reviewer has ever had the pleasure of seeing addressed to the general reader. It should be added that it is also the best written and most readable popular work he has seen on the subject. The volume is the third title in the American Association for the Advancement of Science Series. The authors are both members of the editorial staff of "The Quarterly Journal of Studies on Alcohol;" Dr. Haggard is director of the laboratory of applied physiology of Yale University and author of "Devils, Drugs and Doctors;" and Dr. Jellinek is editor of the exhaustive reference work now being compiled for The Research Council on Problems of Alcohol, of which volume one, "Alcohol Addiction

and Chronic Alcoholism," was reviewed in the January, 1943, issue of *THE PSYCHIATRIC QUARTERLY*. Since Dr. Haggard is also a member of the Research Council's scientific committee which is directing publication of the reference work, it may be safely assumed that "Alcohol Explored" reflects much of the exhaustive research which is now being devoted to that much more detailed scientific study.

Properly placing first things first, the authors devote an introductory chapter to definitions concerning alcohol and the issues raised by its use or abuse, with attention both to meanings as generally understood and as used in particular in this book. They define habitual excessive drinkers as "inebriates," and divide them in turn into "normal excessive drinkers, symptomatic drinkers, stupid drinkers and addicts." The definition of Bowman and Jellinek for addiction is cited: "The outstanding criterion is the inability to break with the habit. Alcohol serves the purpose of creating an artificial social adjustment." As for "chronic alcoholism," the present authors say: "Chronic alcoholism is not the habitual drinking of large amounts of alcohol but definite disease conditions resulting from such habits."

"Alcohol Explored" contains an enlightening and entertaining discussion of what the world drinks and how much, with notes on the history of intoxicating beverages and on human drinking habits—serious drinking and otherwise. There is simplified but adequate discussion concerning the effects of alcohol on the body and on what happens to it in the body, including a discussion of its place in medicine and notes on why it is prescribed less frequently today than formerly. The authors observe that ". . . it is unquestionably the safest of all sedatives," which would raise the question in the minds of some practitioners as to what they mean by "safe." The book includes an interesting discussion of the immediate effects of alcohol on behavior and of the etiology and characteristics of inebriety, with particular emphasis here on the widely varying types of inebriates and consequently on the widely varying causes of inebriety and on the widely varying methods of therapy which are appropriate treatment.

The general discussion of alcoholic mental diseases can be recommended without reservation, and the authors' remarks concerning the statistics on the incidence of these disorders contain much information which ought to be far more generally recognized. The consideration of "the outlook" is hopeful, with its emphasis on education and its conclusion that special and widely varying types of institutions are needed for treatment. "It would not be enough . . . to put all inebriates indiscriminately into institutions which provide a 'cure' for addiction. Hospitals or farms for inebriates must be equipped to classify the various types of inebriates according to the causes of their condition. They also must be able to apply any of the various treat-

ments which are appropriate for particular types of inebriates." The volume closes on the note that research, "after long and justifiable concentration on isolated aspects of the problem, must at last be concentrated on the problem of origins of excessive drinking, whatever their forms."

Drs. Haggard and Jellinek have written for the general public, but their book is adaptable to wide professional use. It provides a background of information which any social worker should find invaluable in dealing with the problem of the inebriate or his family. And while it would not meet the needs of the specialist, it would provide much worth while information and a highly desirable orientation for many a general practitioner who shares what the authors describe as having once been the usual view of physicians "for many centuries" that society was correct in its "verdict that habitual excessive drinking was a moral defect bordering on criminality."

Introduction to Psychiatry. By EARL BIDDLE, M. D., and MILDRED VAN SICKLE, B. S., R. N. With foreword by William C. Sandy, M. D. 358 pages, with index, appendices, annotated bibliography and illustrations. Cloth. W. B. Saunders Company. Philadelphia and London. 1943. Price \$2.75.

Dr. Sandy, who is director of the bureau of mental health, Pennsylvania Department of Welfare, notes in his introduction to this volume that in our modern institutions more and more persons are being brought into the mental hospitals, primarily for training and experience "but actually assisting in treatment." Dr. Biddle and Miss van Sickie have written their "Introduction to Psychiatry" primarily for such persons, medical students serving in the summer months, "theological internes," psychologists, affiliate nurses, occupational therapists and attendants. Workers like these, as Dr. Sandy notes, are more constantly with the patients than are the staff physicians, and training programs are necessary.

The authors, senior physician and instructor of nurses at Warren (Penn.) State Hospital, have written this textbook with the needs of the Pennsylvania mental hospital system particularly in mind; but it could be adapted readily for use in any modern public or private mental institution. The arrangement of the volume and the treatment of the subject are unusual, but logical. The opening chapters include an introduction to the mental hospital as an institution and to its functions. The special problems of psychiatric care and nursing are described simply and illustrated adequately—the illustrations range from a view of the pleasant living room of the Warren admission building and the reproduction of several of the important Pennsylvania record forms to pictures of keys, instruments and weapons fashioned by patients, and of tray, method of control and anatomi-

cal structures involved in nasal gavage. Chapters follow on special psychiatric problems and on psychiatric treatment, with particular reference to the rôles of nurse, attendant and other members of the nonmedical personnel. There is a very brief discussion of the history of psychiatry, followed by an excellent summary of what are generally accepted as being the chief factors of etiology, although incidental references here to the Irish, German and Jewish "races"—the Irish, Germans and Jews are not "races"—are somewhat objectionable. The succeeding description of symptomatology is worded simply but is detailed and adequate.

Description of the principal functional and organic disorders follows, with a very helpful chapter on legal considerations, a discussion of the problem of prevention and a too-brief review of the psychiatric schools of thought. Appendix I is a helpful list of suggested answers to the questions of a newly-admitted patient, and Appendix II is a short bibliography, with notes for the student. A valuable feature of this volume for either classroom work or self-study is the inclusion of questions for the student to answer at the end of each chapter.

The psychiatric reader will make his own reservations about this book. This reviewer's would be minor but would include the observation that despite an obvious effort to be fair psychoanalysis has had rather cursory treatment; and he would take exception to the observation that discovery of the "reason" for a psychoneurosis "usually . . . is easily done in the first interview," as well as to the conclusion that in the neuroses "electrical stimulation . . . prostatic massage, and other similar devices have their place in the treatment so long as the therapist understands that they benefit the patient through the power of suggestion." This, he feels, is a definitely harmful observation.

Such matters, however, hardly detract seriously from the worth of a very valuable book. It is well worth putting in the hands of any person without medical training who intends to engage in any phase of mental hospital work.

The Nursing Couple. By MERELL P. MIDDLEMORE, M. D. With introduction by Edward Glover, M. D., Director of the London Clinic of Psychoanalysis. Hamish Hamilton Medical Books. 195 pages. Cloth. London. 1941. Price 7/6.

This is one of the earliest and is perhaps the best book length study of the relationship between the mother and the nursing child. Dr. Glover, in an interesting introduction, points out that what happens at the breast can really affect the infant all through his life, a fact which is difficult for most people to realize or accept. "For we have every reason to assume that

within a week or so of birth infants manifest in a primitive form all the various types of response which form the basis of adult characterology." Dr. Glover also says that psychiatrists will never be able to comprehend properly the psychoses of adults until they fully accept and comprehend the fact that psychotic mechanisms are but caricatures of infantile phases of mental organization. "In particular the problem of schizophrenia will never be solved until its main type-reactions are rediscovered in the variety of primitive responses occurring during the first 18 months of life."

The above quotations from the introduction by the distinguished director of research of the Institute of Psychoanalysis serve to draw attention to the method of approach of the author to the important phase of child psychology. To the author the nursing act becomes almost a ceremonial. The room should be quiet, the mother's attitude one of participation in a ritual full of meaning for the emotional development of the infant. The author too warns against the mother projecting upon the infant her own real or fancied disabilities, attitudes of anxiety or fear. A timid and nervous mother cannot bring about the wholesome protective and emotionally secure attitude which the child should learn to adopt. It can only acquire its attitudes by imitating those of the mother.

The author's observations of nurslings have prompted her to classify them into several groups, depending upon the manner in which they reacted to the nursing situation. Interesting conclusions are drawn from the studies of the personalities of infants. Some were fussy and dawdled, gaining very little milk in a period of 30 minutes. Dr. Middlemore distinguishes an over-active type, those who refuse the breast, and capricious sucklings, and she makes suggestions as to the significance of these traits and as to how the undesirable ones may be corrected. Her observation has been that babies with better poise and with apparently good emotional traits are not nursing problems. They nurse steadily until their stomachs are filled and with apparent satisfaction and pleasure.

The book is one that should be of special interest both to the pediatrician and to the psychologist. In making this statement, the reviewer has probably committed a solecism, for can there be a good pediatrician who is not also a good child psychologist?

Our Sex Life. By FRITZ KAHN, M. D. Translated from the German by George Rosen. 459 pages. Illustrated. Cloth. Alfred A. Knopf. New York. 1942. Price \$5.75.

This is the second revised edition of a volume which covers human sex life from anatomy and embryology to psychosexual disturbances. It is a thorough piece of work, illustrated carefully with sketches, charts and diagrams.

There is a good discussion of the mechanics of sexual relations, psychologic factors are handled with due regard for their importance. Venereal diseases are thoroughly discussed; and social sexual pathology is handled in a section on prostitution.

This is an excellent book for the general information of the literate adult who has had no medical training, and the social worker would be well justified in recommending it for that purpose. This reviewer, however, would join in the criticism expressed by the reviewer of Dr. Kahn's volume in the January, 1943, *PSYCHIATRIC QUARTERLY* to the effect that an ambivalent attitude toward masturbation impairs the value of his discussion of that practice. With this single reservation, this volume is worth placing in the hands of any person in search of a scientific and unsensational presentation of the general facts about human sex.

Social Work as a Profession. By ESTHER LUCILE BROWN. 222 pages, with appendix of schools and curricula, subject and author indices. Russell Sage Foundation. New York. 1942. Price \$1.00.

"Social Work as a Profession" was originally published in 1935, the first of a series of studies giving the present picture of certain established or emerging professions. The present fourth and enlarged edition published, November, 1942, brings up to date the rapid developments which have occurred in social work during the past seven years. In addition to this, the author, who is research associate, department of statistics, Russell Sage Foundation, has included an interesting analysis of the 1940 census data regarding social workers. This reveals that in 1940 there was one social worker for 1,890 persons in the United States, a great increase in the number in the past decade. In the cities of 100,000 population or more, there is one social worker for 1,078 persons, while in the rural areas (places of less than 2,500 population), there was one social worker for 5,125 persons. The author points out that the census takes cognizance only of where the social worker lives. It is known that a number of social workers who live in cities work in rural areas; however, even allowing for this and other factors, it is evident that the development and use of social services is primarily in cities.

The author, in the closing chapter, sums up the progress that has been made in establishing social work as a profession, particularly referring to the increasing body of knowledge based on facts and the extensive developments in schools of social work for the communication, through a highly specialized educational discipline, of the technique of social work.

Man's Most Dangerous Myth: The Fallacy of Race. By M. F. ASHLEY MONTAGU, Ph.D. Foreword by Aldous Huxley. 216 pages, with appendix, bibliography and index. Cloth. Columbia University Press. New York. 1942. Price \$2.25.

Among present impediments to sound mental hygiene in the field of interpersonal relations, current popular misconceptions of "race," particularly as elaborated by Nazi-Fascist ideologists and their sympathizers, are outstanding. Dr. Ashley Montagu, long a battler against so-called race discrimination, has contributed in "Man's Most Dangerous Myth," a fighting book on the subject. As a geneticist, a physical anthropologist and a teacher of anatomy, Dr. Montagu outlines data, most of which are generally accepted by advanced students of the subject, to support the propositions that no significant inherent differences of physical or mental capacity have been shown to exist among the variant groups of modern man, and that divergent morphology, skin color, skull shape, hair distribution, can be judged as important only in demonstrating the great adaptability of a single human species to life under varying conditions.

This was a work which greatly needed doing, and it will supply the foundation material wanted by many a mental hygienist to combat general misunderstandings in this field. "Race," as Dr. Montagu points out, is a convenient excuse for the projection of otherwise unresolved individual aggression; and it is a label with which to justify unconsciously socio-economic discrimination against any given group. Miscegenation is nothing but a bogey man; genetic factors strongly recommend outbreeding; the "half-breed" has demonstrated superior qualities whenever social factors have permitted. Dr. Montagu cites the Polynesian-white mixture of Pitcairn and Norfolk Islands, the extensive crossing in Hawaii and the Rehoboth Bas-taards of South Africa as examples of successful mixtures of widely divergent groups. He touches only briefly on the question of Spanish-Indian crossing in Latin America, and not at all on the much more extensive mixture in Brazil which might have been of great interest in this connection.

All this is of great importance and value, but the author has raised several other issues which may tend to obscure the main one. As an anatomist, he presumably has reasons for his conclusion that extinct Neanderthal man in all probability possessed "the same capacities for cultural and intellectual development as the modern white or Negro;" but, in spite of this ancient human's great brain size, his intellectual capacity has been doubted on anatomical grounds. As an anthropologist, Dr. Montagu presumably has good grounds for believing that the weapons of outmoded varieties of mankind were for the chase and not for war; but the cracked long bones of

Neanderthalers—presumably for the sucking out of marrow—have been cited as evidence for the existence of some variety of ancient aggression by man against man, whether cannibalism as part of a “peaceful” social order or following warfare might be difficult to say. Too, there will be dispute, as the author recognizes, with his fellow physical anthropologists over whether they waste time indeed in morphological measurements of no genetic significance. And since so many other words than “race” have been misused, the necessity of dropping this one may properly be questioned. As a loose descriptive term—and any term would be loose—for ethnic groups, whether white, Negro, Mongolian or even for such generally recognized European divisions and subdivisions as the Mediterranean, Alpine, East Baltic and Dinaric, “race” seems to be a good enough word, once the mythology is stripped from it as Dr. Montagu strips it.

One great hope of the postwar world must be in the general recognition that no one variety of man is biologically superior to any other and that all groups must have equal opportunity. “Man’s Most Dangerous Myth” is a splendid text on this subject; but the reader would do well not to get involved in debating anthropological technicalities.

And Keep Your Powder Dry. An Anthropologist Looks at America. By MARGARET MEAD, Ph.D. 274 pages with bibliographical appendix. Cloth. William Morrow and Company. New York. 1942. Price \$2.50.

“This book,” says the author’s acknowledgment, “is presented as one part of the program of the Council of Intercultural Relations which is attempting to develop a series of systematic understandings of the great contemporary cultures so that the special values of each may be orchestrated in a world built new.” The author of “Coming of Age in Samoa,” “Growing Up in New Guinea” and “Sex and Temperament” is peculiarly equipped to engage in this program, for she is in a position to view America from the background of such long studies of cultures widely different from ours that much of what most of those born and brought up in our system fail to observe is apparent to her in clear and distinctive outline. The result is a survey of American strength and weakness, of American character and personality structure, which is of the greatest importance in understanding our rôle in the war we have been forced to fight, and in understanding not only what we can contribute to warfare but to the peace which will follow it.

The line between psychiatry and social anthropology is a narrow one, and what Dr. Mead contributes from her work in the latter field is of wide significance to the former. Psychiatry has devoted much study to the dynamics of character-formation. Dr. Mead examines those dynamic forces in the

light of contrasting cultures. How does the handling of aggression in American children differ from that among the Arapesh? Among the Germans? Or even among the English? On this last point, the author contributes an unusually interesting discussion, crediting her husband, Gregory Bateson, a Britisher, with aid in making many of the distinctions between American and English *mores*. She draws freely on psychoanalytic concepts, giving credit among others to John Dollard and Erich Fromm.

Dr. Mead contends that most of us are—of whatever actual extraction or familial history—in reality third-generation Americans, the generation in which son must outdistance his father because father is outdated. She contends that the young Americans who are now fighting World War II were brought up by parents who had as watchwords “Failure and Betrayal.” And she asks pertinent questions: “Has the American scene shifted so that we still demand of every child a measure of success which is actually less and less possible for him to attain? . . . If we demand that a man must succeed to be regarded as good, how difficult do we dare to make that success without running the risk of breaking the hearts and minds of the many who fail?”

Nevertheless, this volume is not pessimistic. Dr. Mead believes in America’s peculiar strengths and their possibilities, while not being blind to its weaknesses. She believes the world can be newly built and that America’s postwar rôle will include much work of analysis, much studying and understanding of our own and other cultures if a unified, peaceful world ever is to be constructed. As for immediate objectives, she significantly remarks: “To pause between wars makes good sense to a warlike people. That is why it is the Nazis and their sympathizers among the United Nations who keep talking about a negotiated peace. . . . War to the finish is never the slogan of people who like war.”

This is an important book and one deserving the serious attention of all workers in mental hygiene.

A Theory of Meaning Analyzed. General Semantics Monographs Number III. xvi and 46 pages. Paper. Institute of General Semantics. Chicago. 1942. Price \$1.50.

This lithographed booklet contains two papers presented at the second American Congress on General Semantics by Thomas Clark Pollock, Ph.D., chairman of the department of English education, New York University, and by John Gordon Spaulding in discussion of the literary theories of I. A. Richards, and a supplementary paper, “The Lexicographer and General Semantics,” by Allen Walker Read. Count Alfred Korzybski and M.

Kendig, who is general editor of the General Semantics monographs, contribute a foreword; and S. I. Hayakawa, Ph.D., author of "Language in Action," is special editor of the current monograph.

The foreword by Korzybski and Kendig and Mr. Read's paper are the sections which will prove of greatest interest to scientific writers and speakers. The papers by Dr. Pollock and Mr. Spaulding, of which the former is the title paper of the volume, are significant analyses of various aspects of a theory of great current importance in literary criticism, poetry and education. Both Dr. Pollock's contentions that Richards' "brilliant achievement . . . is . . . suggestive for the thinker, but dangerous for the critic or the teacher who seeks to apply the theory" and Mr. Spaulding's analysis of Richards' "unconscious assumptions" concerning language are well worth thoughtful reading. But the application of Richards' work appears to have been largely outside the field of science. Both the foreword and the discussion of lexicography have direct and obvious scientific application.

Korzybski and Kendig provide a simple and brief but apparently adequate summary of the criticisms which the General Semanticists make of the conscious and unconscious assumptions of the "aristotelian system" and a "few errors of omission" in this system of traditional thinking. They include "disregard of the *neuro-linguistic* and *neuro-semantic* environments as an environment unique for our symbolic class of life. These are no more avoidable factors than air or water. They may have disastrous effects on us . . ." This is a brief statement of the position on which claims have been based for the use of General Semantics as psychotherapy. Mr. Read's paper outlines a proposed work, a "semantic dictionary" in which words will be described rather than defined, with examples of varying usage with specified time and place indices. Very useful lists of illustrative words and suggested descriptive passages are included. His discussion is capable of being put to important use by any scientific writer; and it is suggested that the whole monograph is worth keeping on the writing desk for reading, study and rereading.

NEWS AND COMMENT

MR. McCORMACK SUCCEEDS MISS MABEE AT ROME STATE SCHOOL

Patrick J. McCormack, auditor in the Department of Mental Hygiene at Albany for 15 years and named as steward of the new Willowbrook State School before that institution was taken over by the army, became steward of Rome State School, December 15, 1942, succeeding Miss Marian B. Mabee, who had been acting steward there for the past six years. The office force of the Department gave a dinner for Mr. McCormack in Albany on December 8. Assistant Commissioner Lang was among those who spoke in his honor, and a wrist watch was presented to him. Miss Mabee was honored by a dinner at the Rome school on January 7 by a group of associates who presented a war bond to her and was entertained by two other groups of school officers, each of which also gave a war bond to her. She retired on January 15, 1943, after 21 years of service at the Rome institution.

FORMER KINGS PARK FIRST ASSISTANT PHYSICIAN DIES

Dr. Aaron J. Rosanoff, former head of the mental institutions of the state of California and a former member of the staff of Kings Park State Hospital for more than 20 years, died in Los Angeles, January 7, 1943, at the age of 64. Dr. Rosanoff, a graduate of the medical school of Cornell University in 1900, became an interne at Kings Park in 1901. Except for service in the first World War, he remained at that institution until 1922 when he resigned as first assistant physician there to go to California. He became director of that state's institutions in 1939 and served for two years, when illness forced him to resign.

DR. DEREN OF SYRACUSE STATE SCHOOL IS DEAD

Dr. Solomon D. Deren, first assistant physician at Syracuse State School for more than 16 years, died in Syracuse on January 5, 1943. He was 61 years old. Born in Russia, he had a Russian medical degree as well as one from Syracuse University. He had been widely known for his work in having conducted for a number of years a summer school for teachers of subnormal children.

\$1,000 AWARD OFFERED FOR ALCOHOL RESEARCH

The Research Council of Problems on Alcohol announces the grant of a \$1,000 award for research during 1943 contributing new knowledge in some branch of medicine, biology or sociology important to the understanding or prevention or treatment of alcoholism. Any scientist in the United States, Canada or Latin America is eligible, and the work may have been inaugurated prior to 1943 or in 1943, provided that a substantial part be done in 1943 and that it be developed to a point where significant conclusions are possible before the end of the year. Scientists may send statements of intention to do research in connection with the award to the director, The Research Council on Problems of Alcohol, Pondfield Road, Bronxville, N. Y., and may obtain further details concerning it by application there.

**JOHN RATHBONE OLIVER, PRIEST AND PSYCHIATRIST,
IS DEAD**

John Rathbone Oliver, M. D., psychiatrist, lecturer at the Johns Hopkins University, and priest of the Protestant Episcopal Church, died in January of this year at the age of 71. Born in Albany, he was a graduate of Harvard, received his theological degree from Union Seminary and his medical degree from the University of Innsbruck, Austria. After serving as curate of a Philadelphia church for three years, he resigned but was restored to orders nearly a quarter of a century later. He was a surgeon in the Austrian army in 1914 and 1915 and chief medical officer of the Supreme Bench of Maryland from 1917 to 1930. He taught the history of medicine at the University of Maryland and Johns Hopkins. He was the author of a number of books, and one of his novels, "Victim and Victor," failed by one vote of winning the 1928 Pulitzer prize.

DR. CONKLIN, WIDELY KNOWN PSYCHOLOGIST, DIES

Edmund Smith Conklin, Ph.D., Sc.D., widely known writer on abnormal psychology and head of the psychology department of Indiana University since 1934, died in Bloomington, Ind., on October 6, 1942, at the age of 58. He had formerly been head of the department of psychology of the University of Oregon and a visiting professor at the University of Chicago Divinity School. He was active in national and local professional circles, and his published works include "Principles of Abnormal Psychology," "Psychology of Religious Adjustment" and "Introductory Psychology for Students of Education."

"RESEARCH IN MENTAL HOSPITALS—STUDY NUMBER TWO"

"Research in Mental Hospitals—Study Number Two" has just been issued by the National Committee for Mental Hygiene. It describes inquiries into etiology and treatment by 500 investigators in 79 research centers under private auspices. The volume, prepared by Dr. George S. Stevenson, with the assistance of Paul O. Komora, now assistant secretary of the New York State Department of Mental Hygiene, and of Clara Bassett, covers work in 22 states and the District of Columbia. The first volume in the committee's series was issued in 1938 and covered research in public, tax-supported institutions.

COLUMBIA AND HARTFORD RETREAT AFFILIATION BEGINS

First affiliates in a new arrangement between the school of nursing, College of Physicians and Surgeons, Columbia University, and the Neuro-Psychiatric Institute of the Hartford Retreat commenced in December, 1942. Advanced Columbia student nurses with university degrees are eligible for the course of two months intensive training at the institute, including instruction in all branches of psychiatric nursing and clinical experience on both hall and cottage services.

MISS WADLEY, SOCIAL SERVICE PIONEER, DIES

Miss Mary E. Wadley, former director of social service at Bellevue Hospital, New York City, and the person credited with having founded the first social service unit in New York State, died in Albany, October 8, 1942, at the age of 90. A graduate nurse, former school teacher and public health nurse, Miss Wadley founded the first Bellevue social service unit in 1906 and was its director for 20 years.

QUARTERLY ARTICLES OF INTEREST TO SUPPLEMENT READERS

Two papers of unusual interest to social workers and psychologists were published in the October, 1942, PSYCHIATRIC QUARTERLY. They are: "Contrasting Schizophrenic Patterns in the Graphic Rorschach," by Joseph R. Grassi, and "The Rorschach Method and Postconcussion Syndrome," by Major James A. Brussel, M. C., U. S. A., and coauthors. Both papers concern administration of the "graphic Rorschach," a new Rorschach technique worked out by Lieut. Joseph R. Grassi, A. G., D., U. S. A., and Miss Kate

Levine. The manual written by Lieutenant Grassi and Miss Levine for instruction in this method and its administration has been accepted for future publication in *THE PSYCHIATRIC QUARTERLY*.

A biography of unusual significance to modern Americans, "Walt Whitman: Poet of Democracy," by Hugh l'Anson Fausset, was reviewed in an editorial, "A Study in American Weakness," in the January, 1943, *QUARTERLY*. Mr. Fausset has contributed an important study of a figure whose influence on the development of American society has been tremendous and perhaps never fully appreciated. A limited number of reprints is available.

A memorial tribute to Mrs. Eleanor Clarke Slagle appeared as an editorial in the October, 1942, *QUARTERLY*.

Book reviews of general interest or of particular interest to psychologist, nurse or social worker include, in the October *QUARTERLY*: "Psychological Effects of War—On Citizen and Soldier," by R. D. Gillespie, M. D.; "Science and Man," 24 original essays edited by Ruth Nanda Anshen; "Your Mental Health," a popular work by B. Liber, M. D.; "Social Learning and Imitation," by Neal E. Miller and John Dollard; "The Company She Keeps," a novel dealing with psychopathology, by Mary McCarthy; and "German Psychological Warfare," a compilation of the Committee for National Morale.

The January *QUARTERLY* book reviews include: "Psychology of the Child," by Joseph William Nagle, Ph.D.; "Children's Behavior Problems. Vol. II," by Luton Ackerson; "Castor Oil and Quinine," a biography of a remarkable physician of the late nineteenth century written by his son, George Wonson Vandegrift, M. D.; "Fields of Psychology," edited by Robert H. Seashore; "The Educational Philosophy of National Socialism," by George Frederick Kneller; "Sabotage, the Secret War Against America," by Michael Sayers and Albert E. Kahn; "Sex Fulfillment in Marriage," by Ernest R. Groves, Gladys Hoagland Groves and Catherine Groves; "Intelligence in Mental Disorder," by Anne Roe and David Shakow; "Psychologic Care During Infancy and Childhood," by Ruth Morris Bakwin, M. D., and Harry Bakwin, M. D.; "The Black Book of Poland," an exhaustive compilation of reports of Nazi atrocities, by the Polish government in exile; "Psychology and the Soldier," a British military handbook by Norman Copeland; "Doctors of the Mind," a popular but carefully verified book on modern psychiatry, by Marie Benyon Ray; "Action Against the Enemy's Mind," a report on psychological warfare by Joseph Bornstein and Paul R. Milton; "Psychology of Sex," a current edition of the classic work by Havelock Ellis; and "Victory Over Fear," a popular work by John Dollard, Ph.D.

**GENERAL STATISTICAL INFORMATION RELATING TO STATE
HOSPITALS, STATE SCHOOLS AND CRAIG COLONY**

CENSUS OF JANUARY 1, 1943

Patient population:

Civil State hospitals:

In hospitals	72,435
In family care.....	1,256
On parole	8,930
	— 82,621

Dannemora and Matteawan	2,781
-------------------------------	-------

Licensed institutions for mental disease	*5,392
--	--------

Institutions for mental defectives:

In institutions proper	13,834
In colonies	1,564
In family care	575
On parole	2,171
	— 18,144

Licensed institutions for mental defectives	*525
---	------

Institutions for defective delinquents	1,860
--	-------

Craig Colony for epileptics	2,505
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Total	*113,828
-------------	----------

Certified capacity of civil State hospitals	62,494
---	--------

Certified capacity of Dannemora and Matteawan	2,457
---	-------

Certified capacity of institutions for mental defectives.....	11,713
---	--------

Certified capacity of Craig Colony for epileptics	1,990
---	-------

Medical officers in civil State hospitals	348
---	-----

Medical officers in Dannemora and Matteawan	13
---	----

Medical officers in institutions for mental defectives	46
--	----

Medical officers in Craig Colony for epileptics	11
---	----

Employees in civil State hospitals	14,316
--	--------

Employees in Dannemora and Matteawan	817
--	-----

Employees in institutions for mental defectives	2,650
---	-------

Employees in Craig Colony for epileptics	419
--	-----

*Subject to correction.

MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1942

State hospital	In service, July 1, 1942		Engaged		Left service		In service, Dec. 31, 1942		Vacancies, Dec. 31, 1942		Number of patients, excluding paroles, Dec. 31, 1942, to each employee	
	Medical officers	Other employees	Medical officers	Other employees	Medical officers	Other employees	Medical officers	Other employees	Medical officers	Other employees	Medical officers	Other employees
Binghamton	15	385	250	1	179	61	1	183	58	15	381	253
Brooklyn	32	797	274	13	346	73	7	319	56	38	824	291
Buffalo	11	312	208	1	205	41	2	255	42	10	262	207
Central Islip	28	876	353	7	273	82	6	452	86	29	697	349
Creedmoor	22	625	308	7	243	79	9	306	87	20	562	300
Gowanda	13	276	204	..	104	42	3	134	48	10	246	198
Harlem Valley	16	590	267	3	240	100	2	317	110	17	513	257
Hudson River	22	617	382	4	194	72	5	300	91	21	511	363
Kings Park	29	779	426	4	251	80	7	353	108	26	677	398
Manhattan	19	442	305	3	156	43	7	143	44	15	455	304
Marcy	15	334	232	3	131	35	6	154	48	12	311	219
Middletown	18	475	235	..	153	27	8	170	29	10	458	233
Pilgrim	39	978	445	10	281	149	11	435	183	38	824	411
Psy. Inst. and Hosp.	12	71	156	6	27	36	4	30	38	14	68	154
Rochester	15	423	195	1	84	33	4	124	38	12	383	190
Rockland	34	862	420	7	364	140	8	551	165	33	675	395
St. Lawrence	9	303	232	2	152	48	3	135	44	8	320	236
Syracuse Psycho. Hosp.	3	51	24	..	..	1	30	2	2	2	41	22
Utica	12	248	215	..	119	26	2	127	37	10	240	204
Willard	10	361	269	2	56	52	4	124	78	8	293	243
Total	374	9,805	5,400	74	3,578	1,219	100	4,642	1,392	348	8,741	5,227
											221	404*

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1942, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1942

State hospitals	Admissions		Discharges				Overcrowding										
	Census, July 1, 1942	Transfers	Recovered		Not insane		Certified capacity	Number	Percent								
			First admissions	Readmissions	Improved	Unimproved											
	Total	Total	Total	Total	Total	Total	Total	Total	Total								
Binghamton	3,054	196	67	1	264	62	30	13	5	128	2	305	3,013	2,391	221	9.2	
Brooklyn	4,488	1,343	242	9	1,594	237	170	191	21	..	534	383	1,536	4,546	2,603	813	31.2
Buffalo	2,841	251	69	18	338	70	58	25	18	..	129	32	332	2,847	1,942	511	26.3
Central Islip	8,219	457	183	236	876	133	237	91	33	6	226	145	871	8,224	6,443	856	13.3
Creedmoor	5,232	402	89	9	500	130	66	36	20	1	179	21	453	5,279	3,904	729	18.7
Gowanda	2,812	177	57	334	568	70	40	33	16	13	103	4	279	3,101	2,228	396	17.8
Harlem Valley	4,938	168	38	9	215	33	47	30	13	7	138	22	290	4,963	3,972	470	11.8
Hudson River	4,972	238	113	326	677	65	54	53	13	6	229	5	425	5,224	4,131	680	16.5
Kings Park	7,236	270	103	150	523	100	217	44	13	2	156	80	612	7,147	5,390	863	16.0
Manhattan	3,446	916	79	..	995	128	64	41	25	..	523	8	789	3,652	3,275	..	..
Marey	2,873	210	50	16	276	35	93	50	19	6	121	5	329	2,820	2,140	349	16.3
Middletown	3,708	109	54	253	416	43	27	34	16	8	95	6	229	3,895	2,742	724	26.4
Pilgrim	10,022	542	120	78	740	285	198	46	22	..	337	20	908	9,854	7,831	937	12.0
Psy. Inst. and Hosp.	155	132	28	..	160	41	37	36	48	2	..	166	149	210	..	-65	..
Rochester	3,465	210	57	13	280	47	57	28	9	4	134	11	290	3,455	2,740	375	13.7
Rockland	8,014	441	173	130	744	193	247	147	36	21	222	898	1,764	6,994	4,700	1,261	26.8
St. Lawrence	2,234	120	46	..	166	57	22	15	7	2	81	1	185	2,215	1,721	177	10.3
Syracuse Psych. Hos.	39	201	68	..	269	53	35	16	31	38	5	99†	277	31	60	-29	..
Otse	2,052	199	60	6	265	35	52	36	14	18	102	10	267	2,050	1,552	200	12.9
Willard	3,292	141	62	3	206	40	32	34	10	3	112	5	236	3,262	2,519	473	18.8
Total	83,092	6,723	1,758	1,591	10,072	1,857	1,818	1,016	397	142	3,556	1,757	10,543	82,621	62,494	10,035*	16.1*

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

†Committed to other institutions.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED
DECEMBER 31, 1942

State institutions	In service, July 1, 1942	Engaged	Left service	In service, Dec. 31, 1942	Vacancies, Dec. 31, 1942	Number of patients, excluding paroles, Dec. 31, 1942, to each	
						Ward employees	Medical officers
Mental Defectives:							
Letchworth Village	14	499	213	1	169	12	3
Newark	8	309	172	..	60	31	1
Rome	8	481	209	1	89	27	1
Syracuse	6	136	129	4	47	8	4
Wassaic	13	443	197	1	123	37	1
Total	49	1,868	920	7	488	115	10
Craig Colony for Epileptics...	12	249	200	..	46	17	1
					73	31	11
					222	186	2
					99	33	10.2
					206.3	10.2	5.4

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED JUNE 30, 1942, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1942

State Institutions	Census, July 1, 1942	Admissions		Discharges		Credited capacity	Overcrowding in institutions	Per cent
		Transfers	First admissions	Transfers	Discharged			
	Census, Dec. 31, 1942					Total		
						Transferred		
						Die'd		
						Not epileptic		
						Not mentally defective		
						Unimproved		
						Total		
						Transfers		
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VOL. 17

JANUARY, 1943

No. 1

THE PSYCHIATRIC QUARTERLY SUPPLEMENT

RICHARD H. HUTCHINGS, M. D.

Editor

Part II

CENTENNIAL OF UTICA STATE HOSPITAL

The New York State Lunatic Asylum at Utica, the first institution supported by this State for the care of the mentally ill and the place of refuge for the unfortunate from which the modern New York State Department of Mental Hygiene grew, received its first patients when its doors were opened under the superintendency of the famous Dr. Amariah Brigham, on January 16, 1843.

On January 16, 1943, this institution, now the Utica State Hospital, celebrated its 100th anniversary with observances in which national and State leaders in psychiatry and allied professions took part. The program for this important observance was jointly sponsored by the Oneida County Mental Hygiene Committee and the Utica Council of Social Agencies, in cooperation with the board of visitors of Utica State Hospital. A short history of the hospital was compiled for the occasion under the auspices of the Utica State Hospital Alumnae Association, the organization of graduates of the hospital's nursing school; and there were displays of psychiatric literature and historical relics, a demonstration of old and new methods of administering a sedative pack, and exhibits of occupational therapy productions.

Willis E. Merriman, M. D., present Utica superintendent, welcomed the several hundred guests at the observances; and the Hon. William J. Tiffany, M. D., Commissioner of the New York State Department of Mental Hygiene; Arthur H. Ruggles, M. D., president of the American Psychiatric Association and superintendent of Butler Hospital, Providence, R. I.; and Richard

H. Hutchings, M. D., former superintendent of Utica State Hospital, and past president of the American Psychiatric Association, extended greetings. William W. Wright, M. D., superintendent of Marey State Hospital, which was formerly a part of the Utica hospital, gave an address on shock therapy.

On the afternoon of January 16, addresses were given by Colonel Homer Folks, secretary of the State Charities Aid Association and chairman of the New York State Temporary Commission on State Hospital Problems; Samuel W. Hamilton, M. D., mental hospital advisor, division of mental hygiene, United States Public Health Service; Miss Emily J. Hicks, R. N., executive secretary of the New York State Nurses' Association; Miss Virginia Scullin, chief occupational therapist, Pilgrim State Hospital; and Miss Hester B. Crutcher, director of psychiatric social work, New State Department of Mental Hygiene. These afternoon addresses are printed in full in this special section, Part II, of the January, 1943, PSYCHIATRIC QUARTERLY SUPPLEMENT.

The history of the hospital, prepared for the occasion for the alumnae association by Mrs. Lucy Clark of Utica, is an illustrated, 43-page booklet, bound in heavy green paper. It was carefully compiled from official records and other authentic sources, and several hundred copies were sold at 50 cents each during the centennial observance. It covers the history of the institution from the first proposal for its foundation in 1830 through the present administration of Dr. Merriman. Inasmuch as Utica is known as "the mother of hospitals," the history necessarily touches on some matters of general interest outside the institution itself, particularly in reference to the growth of New York's civil State hospitals and the development of the New York State Department of Mental Hygiene. Copies of this short history are still available and may be obtained at 50 cents each from Miss Eva M. Schied, social service department, Utica State Hospital. Remittances should be made out to the Utica State Hospital Alumnae Association, and a discount of 10 per cent will be allowed on any order of 10 or more.

THE TYRANNY OF THE PAST AND THE HOPE OF THE FUTURE

BY HOMER FOLKS

It would have been a great mistake to have failed to celebrate the one hundredth anniversary of the opening of what is now the Utica State Hospital. It is helpful to be obliged, on occasion, to take a look at the historical setting of such an institution as this; and to project the base lines of the previous century into the opening period of the next. I am truly appreciative of the opportunity to participate in this occasion.

I. THE TYRANNY OF THE PAST

By the tyranny of the past, the speaker does not mean the acts of tyrants in the past. He means the tyranny of the past, as such, over the present and the near-future. It is called a tyranny because it is so non-rational. It is not a blatant tyranny. In fact, it is so quiet that we are often wholly unconscious of its power over us. It dilutes our application to the present of such knowledge as we may have picked up along the way. Perhaps it is due largely to the inherent indisposition of most of us to reflect seriously upon experience as the years roll by. Thinking is hard work, and it may require us to face unpleasant realities. Therefore, we submit, with only a token resistance, to the quiet tyranny of the past.

Today we are going back 100 years. Not long ago, at a meeting of the National Committee for Mental Hygiene, we were going back 150 years, to recall the striking of the shackles from the unfortunates in two of the great hospitals of Paris, the Salpêtrière and the Bicêtre. The effects of that intelligent and humane act have reverberated through the century and a half. Its influence has been tremendous. When we think of that scene, and as we look at the celebrated painting recalling it, we observe the unhappy keepers of the "insane" who were so bewildered by this dangerous innovation. We probably think of them as having been little short of fiends. However, I would like, today, to suggest a more charitable view of those keepers. They knew that the "insane" persons had been violent and dangerous at some time, and had to be restrained for their own safety and for that of those about them. In putting on the chains, they were performing a service which, at the time, seemed to them necessary. The keepers were mistaken of course. They assumed that "insane" people who are violent will continue indefinitely to be prone to violence. Once "insane," always "insane," once violent, always violent, was their view.

The actual material chains were struck off for once and all, but there were also other chains, invisible shackles, of prejudice and fear which re-

strained the "insane." Being invisible, they were not removed; in fact, they continue, in some degree, and almost if not quite everywhere, to this day. These are the hesitations and lack of full confidence which we all instinctively feel as to persons who are, or have been, "insane." We are all of us a little like those keepers of 150 years ago, prone to think that once "insane," always potentially dangerous, somewhat undependable, and unsuited for real responsibilities. This is one phase of the tyranny of the past. In an appreciable degree, it still hampers the usefulness, happiness, and health of those once "insane." We struggle against such attitudes, but with only partial success. Who will strike off once and for all, from all of us, those invisible shackles?

Since we have turned back 100 years here in Utica, and 150 years in the Paris hospitals, perhaps we should turn back 1,900 years ago to the eastern shores of the Mediterranean, and recall similar unfortunates, who were then considered to be possessed by devils. Undoubtedly that seemed a reasonable explanation of the observed facts. The problem was how to cast out or entice out the devils. Both devils and angels were frequently about in those days. What more natural than to infer that a person who became irresponsible and violent had been taken over by a devil. However, the writer does not seem to recall any reference in the scriptures to a reverse situation, in which an especially intelligent, kind, and helpful person, who radiated sweetness and light, was regarded as having been possessed by an angel. They seemed to think 1,900 years ago in Palestine that those high qualities are only what we naturally expect a man to have. Such a view is certainly one of the finest compliments ever paid to man and his possibilities. How abysmally below the Palestinian Jews of the Year 1, A. D., are the European Germans of 1943.

As we glance a moment at this hospital, founded when the population of the entire United States was about 17,069,000 and that of this State was much less than the present population of the Borough of Brooklyn, we recall that it was originally termed by law the New York State Lunatic Asylum. Forty-seven years later its name was changed to the Utica State Hospital. That change of name was partly a recognition of existing facts, and partly a declaration of intent, and an expression of hope.

The tyranny of the concept of an "asylum" persisted in a hundred unobserved ways. In fact if we were to look sharply even today in all the nooks and corners of this splendid hospital, we might still find some traces of an asylum. At any rate, we may be sure that the change from an asylum as a place of refuge and protection, to a hospital as a place for treatment and perhaps cure, was very gradual. The change of name did not of itself effect a change of nature. Perhaps Ogden Nash would put it in this way:

An asylum for the insane
By any other name
Would smell the same.

Every actual change from an asylum to a hospital had to be worked for, paid for, and sometimes fought for.

But the strangle hold of the tyranny of the past does yield, even if slowly, to hard work, new knowledge, new ideals, new humanitarian climates. What we have here today has vastly more of the character of a hospital, than had the original Utica Asylum, or even the Utica State Hospital of a half a century ago. Others will outline that progress more fully here today.

II. THE HOPE OF THE FUTURE

The other half of the writer's subject is "The Hope of the Future." May he promptly change it to, "The Hopes of the Future?" Consciously putting aside the irrational restraints of the past, and trying for a fresh look at what we can do or not in the early future for the victims of mental difficulties, what bright hopes are we justified in entertaining? What may we reasonably propose as a program for those interested in further ameliorating or eliminating some of the very great hardships which mental disorder brings to so many thousands of our fellows, and to their families? The writer entertains at least four such hopes.

1. One practical hope and feasible program is further to hospitalize our State hospitals, to bring them still more nearly into line with their present names. Perhaps, more correctly, one should say in part rehospitalizing our hospitals. What the depression decade left to us of psychiatric service has now been further depleted by the needs of the army. That services are still considerably distant at this moment from the ideal is not to be doubted. One test of hospitalization is the ratio of full-time, qualified physicians to the number of patients. Such a test, applied, even to the more acute services, in any one of our State hospitals, would certainly indicate that their claim to the title of a fully-fledged modern hospital is not beyond some dispute. The past still exercises some tyranny over us. As most of you know, three of New York's State hospitals, three good ones, have made during the past two years a special psychiatric survey of their patients, more especially of those in the continued treatment wards. This survey included an opportunity to the psychiatrist-in-charge of each service to make a fresh and thorough psychiatric examination and study of each of his patients, another physician meantime carrying on the routine work. This psychiatric examination was to lead definitely to the query as to each pa-

tient, as to whether he needed to remain longer in the hospital; whether he could be provided for more suitably in family care, or whether he were now suitable for parole. In the three hospitals, the percentage of patients who were found to be suitable for parole or for family care ranged from 7 to 10 per cent, in addition to the substantial numbers which they already had on parole or in family care. This is a considerable number, when we are dealing with hospitals with patient populations of from 2,000 to 10,000. This 7 to 10 per cent of patients had in effect been overlooked to some degree by the limited psychiatric services of the hospital. The question had not been asked sufficiently intensively and frequently as to whether these patients had become eligible for release. As to them, we had, for the moment, assumed too readily that they had not changed from an earlier period when they required hospital care. Is there not here a faint reminder of the past stealing down into the present, with some degree of assumption that people who have been "insane" are not likely to change? In other words, is it not another instance of some of the limitations of the past intruding into a present, in which they are an anachronism? The more complete hospitalization of our hospitals will, of course, continue. The limitations, particularly of professional staff, which seem to have been inevitable, in the depression of the 1930's, must certainly give way in the 1940's, after the duration, to a more nearly continuous psychiatric observation and treatment of each individual patient. Many of us, including the writer, on numerous occasions, have spoken with some pride of the low per capita cost of the maintenance, including medical staff, of the patients in our State hospitals. We have thought of it as indicating efficient operation and absence of waste or extravagance. Insofar, however, as the cost of medical service is concerned, is it not clear that an inadequate medical service involves an extreme degree of waste and extravagance in maintaining large numbers of patients, when a more adequate medical service would reduce the number? Hereafter, the writer thinks he will speak of that low per capita cost with regret, rather than satisfaction.

2. What may we *hope* for as to *more effective types of treatment*? Under the law of chances, we certainly should have *bright hopes*. What is meant is that, as compared with other branches of medicines, so little has developed in recent decades in *new modes* of treatment in this field, that there must be numerous developments and improvements just around the corner almost ready to knock at the door, clamoring for admission. The one notable recent innovation is, of course, the shock treatment by insulin, metrazol or electricity. New York State was a leader in undertaking such treatment, and has used it on a large scale. Intensive studies of what has happened to the patients so treated are under way. It may at least be said that, from

the information at hand, the results, putting it mildly, promise to be very encouraging. More definite conclusions should be reached in the course of a very few months. In any case, is it not probable that additional new modes of treatment are likely to follow such a promising beginning, either suggested by it, or discovered in the process of evaluating it? The public health movement is bringing certain highly beneficial results to our State hospitals. The number of admissions of patients with paresis has been reduced in a relatively few years from 20 per cent to 10 per cent of the total. The success of the syphilis control program, even in the face of war conditions, undoubtedly means the continued decline, approaching the vanishing point (as in the Scandinavian countries) of this type of mental disorder. Public health agencies are helping us to bring tuberculosis under control. None of us can know the developments of the future, but since recent amazing additions to our knowledge are so numerous in other fields of medicine, it is hardly conceivable that in this great field of psychiatry, we shall stand still. We are justified in cherishing bright hopes for the future as to modes of treatment, with a good deal of tenacity.

3. May we entertain a third hope that we shall arrive at a much clearer understanding of the dynamics of those very numerous mental difficulties which at least seem to arise largely from environmental factors—community, family, economic, and social? We at least may hope! If we come into contact with our patients at earlier periods of their difficulties, if we make more searching and competent inquiries from all having knowledge as to the earliest manifestations on their part of changing attitudes or behaviors, and if we bring together for analysis and synthesis the information so gained, we can hardly fail to obtain some further understanding of what it is we are dealing with, and why it confronts us in such volume.

4. These three hopes we may certainly cherish, more and more fully trained psychiatrists in our hospitals; new modes of treatment; and a better understanding of environmental factors in causation. There is another white hope, however, beside which all three of them put together are relatively unimportant. Has the time come, perhaps, when we can begin to make good, and in a big way, in attaining an objective which we expressly devoted ourselves to some 30 years ago, namely the *prevention* of mental illness?

Perhaps the high hopes for prevention which we then entertained, even before the mental hygiene movement as such came into being, were more optimistic than the knowledge then available would justify. Or perhaps finding the going hard, the subject matter confusing, the sign posts lacking or conflicting, we all quite unconsciously retreated, though not according to plan, to the earlier objectives of hospitalization and of knowing better how

to deal with fully developed cases of mental difficulty—of trying to put the broken pieces together more skillfully, instead of not permitting the breakage to occur. For one, the writer thinks we have all sinned (one hopes not the unpardonable sin) in allowing our attention to this great objective to waver, and in becoming absorbed once more in doing the obvious things, rather than those which call for greater *creative imagination*, sterner application, and greater faith. For one, the writer is fully persuaded that a very great opportunity faces the mental hygiene forces of this State, particularly the State Department of Mental Hygiene and the voluntary agencies, clinical and educational, to integrate their objectives and their activities and to make a comprehensive forward-looking plan for closing in on this great subject of prevention. We at least know how to proceed in order to find out more definitely what has to be done, and where the promising opportunities are. Of course, the necessary staff to carry into effect such a plan for prevention will not be available in any considerable degree until after the war; but if we are to be ready then, we must begin to plan now. All, federal, State and local governments, and voluntary agencies, are busily planning for postwar organization and accomplishments. Perhaps a definite and serious effort for prevention of mental diseases may be the best possible contribution of the mental hygiene movement as a whole for the postwar period.

As the writer sees it, the situation calls for much greater utilization of the possibilities of discovering those mental difficulties which seem to be due in part at least to environmental factors, in a much earlier stage, and in bringing to bear upon them not the odds and ends of time of junior members of the staff, but adequate time of our most competent psychiatrists.

Certainly when the State of New York is expending \$40,000,000 a year for its mental hygiene institutions (three-quarters of that amount for State hospitals), it can well afford to devote a substantial sum to trying out every possibility in such lines. Hospitalization, necessary, inevitable, and highly desirable for substantial numbers, is nevertheless extremely expensive as compared with diagnosis and treatment in clinics, or as they might better be called, as Dr. William L. Russell has suggested, "Mental Health Centers." In fact, the writer thinks we must say that when the State of New York, having wisely taken on the maintenance of the hospitals for the mentally ill, and then thought itself unable to afford to carry on an effective system of discovery, diagnosis and treatment through clinics, it made one of its worst financial errors. It simply could not afford to leave to others a preventive program, the absence of which, or the performance of which in a variety of relatively ineffectual ways, was bound to result in loading upon the State a huge and constantly increasing burden of hospital costs. Had

the State itself undertaken this very minor part of the program, minor in terms of cost, it would have saved itself, without question, many millions of dollars per annum. It could do so now. It should do so now. The best investment the State can possibly make in this field is to bring into existence throughout the State a thoroughly effective plan for reaching mental disorders at earlier stages, and for providing diagnosis, consultation, social service, and where needed, material aid, looking toward as complete a provision for diagnosis, help and cure, while the patients are still at home, *as our knowledge now enables us to offer.*

Here is the great white hope for the State of New York, and for every other state in the Union in this mental hygiene field. As we join in celebrating the centenary of the establishment of this lunatic asylum, now State hospital, shall we not mark that occasion most suitably by dating from it the beginnings of a comparably adequate and effective campaign of prevention?

State Charities Aid Association
New York, N. Y.

PSYCHIATRY'S CONTRIBUTION TO PUBLIC HEALTH

BY SAMUEL W. HAMILTON, M. D.

For a definition of public health we turn to the *Encyclopaedia Britannica*, and find quoted there the following wording by Dr. Charles-Edward A. Winslow, a notable member of the Yale University Faculty, and for some years president of the Connecticut Society for Mental Hygiene:

"Public health is the science and art of preventing disease and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery which will insure to every individual a standard of living adequate for the maintenance of health."

In another place Dr. Winslow has condensed his definition: "The art and science of preventing disease, prolonging life, and promoting physical and mental efficiency through organized community effort."

Practices in the public health field have very much changed during our lifetime. One of the older officers of the U. S. Public Health Service was reminiscing a few days ago about his first assignment. As noted, he is one of the older officers, but his age is less than that of quite a number in this audience. There was yellow fever in Louisiana, and he was ordered to report to the officer in charge of the fight to control it. When his train reached the border of Mississippi and Louisiana, it stopped. This was in the middle of the night. Everybody was awakened; and under the flare of torches, all walked across the border, and some little distance beyond it found another train waiting to take them to New Orleans. This procedure was not irrational. It was not known then that yellow fever is transmitted through a mosquito, but practice had shown that if trains were allowed to go from Louisiana into Mississippi yellow fever might develop in Mississippi. What is done now with the airliners that come from South America is to take measures to kill all the mosquitoes and other insects that may be aboard, which is a much simpler procedure.

Society has shown for some time an increasing tendency to assume responsibility for the individual. This is an inevitable outgrowth of increase of population, of quicker means of communication, and of all those things that characterize the development of compact population. As the work to

maintain public health has extended, it has come to deal more and more with the attitudes and aspirations of people; and its contacts with mental hygiene and its drafts upon mental hygiene practice have become more and more numerous. Your committee has put the present speaker in the position of being a claimer. While on a survey not long ago, he asked a man the population of his town. The man said, "About 43,000; the last census showed 40,000; we claim 55,000." When one goes over these matters for the first time, the rating given to the influence of psychiatry does indeed seem very large, but those who have had much experience in the field of public health assure us that the items which are being passed on to you are quite legitimate; and exaggerated inferences will be avoided.

Since workers in the field of public health are very largely physicians, and since their training is likely to include an occasional clash with unsympathetic public opinion so that only those can survive who appreciate the virtues as well as the vices of their opponents, it might be thought that psychiatry would have little need to influence such seasoned workers in the direction of better appreciating motives that drive men. The writer thinks, however, that psychiatric influence might be underestimated. He has had occasion to talk with more than one state health commissioner. They all seem to think that psychiatry is important, that the mental hygiene phases of their work should be emphasized and expanded, and many of them wish to annex one or more well-trained psychiatrists and put them to work. This comes about, the writer believes, through psychiatry's gradual infusion into medical thought of a better understanding of human motivation.

This success in general infusion has perhaps not been striking. One of the federal services' competent younger psychiatrists told the writer recently that in the army he is getting acquainted with graduates of many medical schools in various parts of the country, and that he is distressed not only by their lack of interest in psychiatry, but at their lack of appreciation of the problems of mental hygiene, and at their failure to recognize even what kinds of cases might profitably be referred to a psychiatrist. If this is so among men who were graduated from our better schools during the last decade or two, schools in which psychiatry has had no small prominence in curricula, it might be supposed that we must assume it is wish-fulfillment to talk of the great strides we have made. The writer thinks he observes, however, among educated people (including the medical profession) a better understanding of human motivation than has sometimes been the case, and a slightly lesser inclination to view health problems from a moralistic standpoint. In this matter, we must give credit to the late Sigmund Freud and his school of thought, a man and school who have made us all debtors by

showing us how in the affairs of life we act in this way or that, not through pure chance and not through pure choice, but because of influences that can be traced in our own lives and in the lives of our patients.

The indebtedness has not all been on one side. You will recall that when the National Committee for Mental Hygiene first was organized, the medical director was borrowed from the United States Public Health Service. That was Thomas W. Salmon. He had had a varied and valuable experience, including a period at the Willard State Hospital, to which he had been sent to study the incidence of diphtheria which kept recurring there. Dr. Salmon's inquiring mind went much further than diphtheria as he studied the problems at Willard, and this first-hand acquaintance with psychiatry had much to do with his selection by the committee.

Work with children was one of the early projects in Dr. Salmon's mind. He believed that the psychiatrist could contribute a great deal toward helping misbehaving children to develop a more friendly attitude toward society. When funds were found, activities were set up in the National Committee called "the division on the prevention of delinquency." A children's clinic was established after a while. Some of the earlier methods as well as the earlier nomenclature have been modified as time has gone on, and the child guidance movement, so-called, has become a matter of consequence. Many health departments are interested in this project. They believe that departments which deal with other problems of childhood must necessarily deal with the state of mind of the child. This does not mean any special interest in the psychoses, of which there are an appreciable number, yet no comparatively great number among children, but interest in children's moods and in their attitudes. On the negative side, it no longer seems good policy to congratulate a parent because she has brought 27 feeble-minded children into the world, and on the positive side it seems of great importance that any program for child health should take into account what is going on above the eyebrows as well as what happens below. That is to say, teeth, tonsils, hemoglobin, nutrition, sound lungs are all matters of consequence, but the whole child, with his feelings about things, is of just as much consequence as is some individual part of him. Here, then, we may say that the increasing importance of child health in all programs of public health has inevitably caused an increase in the interest that public health authorities feel in programs of mental hygiene. Society is not so greatly helped by the rearing of children with husky bodies and antisocial attitudes, of children who are quick of limb and slow of wit, but society is greatly helped if the children, whatever be their endowment, are so managed as to develop their greatest usefulness, whether it be with the eye, the ear, or the hand.

The United States Public Health Service has a battle-line almost as far-flung as that of the British Empire. It furnishes medical service to embassies and special missions abroad, its long span reaches to the health services of states, territories, and dependencies. Several of its officers were on duty in the Philippines, and it is not known whether they are prisoners of the Japanese army or are dead. The same Public Health Service supplies all medical activity in federal prisons and reformatories. For this work, a physician must be a very good internist and at the same time should have a keen sense of broad values in the problems of ordinary treatment.

In dealing with prisoners, there are always several schools of thought. The United States has been known as a country that displays very fine ideals in some of its efforts to make better men out of poorer men. Certain phases of our prison system have been studied and praised by visitors from other parts of the world. The understanding of the human mind that has come from psychiatry has to some extent influenced prison procedure. When duties in this field were taken over by the Public Health Service in 1930, it was appreciated that the medical officers in prisons might contribute to the rehabilitation of some prisoners. The federal government, though it can indeed be severe in its pursuit and detention of the wrongdoer, is keenly desirous of making him a useful citizen, rather than a timorous stool pigeon. On the Division of Mental Hygiene of the Public Health Service, was laid, therefore, the responsibility for all the medical work of the prisons and reformatories. This was not with a view to using only psychiatrists to do this work, indeed there are not that number of psychiatrists available. The arrangement did assure that all the medical work of these institutions would be supervised by someone with psychiatric training; and, wherever possible, a psychiatric attitude toward the prisoners would be inculcated and developed. Here has been felt the influence of New York experience. Long years ago, the physicians of New York State convinced the Legislature that mentally ill convicts should be divided from other prisoners and cared for separately. A hospital at Auburn was opened in 1859, and later superseded by the Matteawan State Hospital; subsequently special institutions at Dannemora and Napanoch were developed to supplement that work. Similar observations led the federal government in 1933 to open at Springfield, Mo., the United States Medical Center for Prisoners, with a very well-appointed service for psychotics, psychoneurotics, defective delinquents and those troublesome individuals to whom we give the label "psychopathic personality." An officer of the Public Health Service is the warden of this institution.

Venereal disease of various sorts is a troublesome problem in medicine. The opportunity to spread it is universal. Many of those most likely to

spread it are most stubborn in refusing treatment, or at least in refusing adequate treatment. Its effects include a very large measure of invalidism and death. Persons who have venereal disease might all be alike in their local reaction to the germ, but they are not all alike in their emotional reaction to the social implications. Knowledge accumulated gradually; experimentation with means of prevention was developed on a small scale in many places, on a large scale under military authority, and the time came when the public health authorities could annex the prevention of venereal disease to the rest of their great program. This happened but a few years ago.

Let us see what psychiatrists have contributed to this program. The successful treatment of general paresis following the notable studies and deductions of Wagner-Jauregg has restored hundreds to usefulness in their homes and has lengthened by thousands of man-years the lives of those who have this disorder. Public health does not ordinarily attempt the treatment of terminal conditions, but the time has now come when a public health establishment at Hot Springs is working with some of our methods to attempt to destroy infecting organisms close to the time of their invasion of the human body, and in this way to make another inroad on the kingdom of evil.

A discouraging phase of any fight against venereal disease has already been mentioned—the inclination of many infected people to avoid treatment and spread disease carelessly and irresponsibly. Accordingly it is necessary to gather up a lot of these people and keep them somewhere under treatment. Right now, with the war going on, it seems desirable to remove a considerable number of women from the neighborhood of the army camps, and more than one agency is working on that problem. Psychiatrists know that many of these women are irresponsible about spreading venereal disease because they are irresponsible about everything. Perhaps they are not smart enough to understand the problems, or perhaps there has been left out of their makeup or lost from it in their earliest years a sense of proportion that would give them an appreciation of the damage that they may do by pursuing their usual activities. Psychiatrists have contributed not a little to the understanding of this problem, and in the near future a psychiatrist is to be appointed to a prominent post in the program of care and treatment of those who are put under quarantine with venereal disease.

Psychiatry has had great influence on nursing. Witness the often stated desire of nursing educators to give to their students not only some lectures but also some experience in psychiatric nursing. The writer must not trench on the domains of other speakers except to refer to one group of nurses to whom this type of education especially appeals. They are the large number engaged in what is called public health nursing. They are the counterpart of the general practitioner of medicine. They go from

home to home and do for the sick the things that the family is not trained to do. They teach the family something about bedside care, something about the preparation of diets, something about the control of light and air and noise. Indeed, they are prepared to do anything in the field of nursing. They must be thoughtful of mind, strong of body, tireless, and good managers.

Probably no public health nurse has served a week without running into some mental health problem. Very likely, this problem is closely related to the illness that she is in the home to treat, but perhaps it has no special relation to that illness. There may be a neurotic mother, a problem child, economic anxiety, or a bad family atmosphere. The nurse is a professional person, and to her, therefore, the family turns with its problems or with the problems of the neighborhood. Perhaps the child next door is getting on poorly. What does the nurse think ought to be done about it? Perhaps a person in his twenties down the street is acting queerly, not attending to business, moping, doing unusual things. What advice has she to give? Perhaps across the street is an old person, whose attitude toward the children and sometimes toward the adults of the neighborhood is unreasonable. What does she recommend? The nurse's advice may be rather sound in all these matters, but how much more satisfactory it is likely to be if she has had the benefit of a course of instruction in such problems. So public health nurse groups repeatedly ask for a few lectures and an opportunity to discuss their cases, and many a public health nurse has taken time to attend a course in psychiatric nursing, or at least regrets that she cannot afford to lay off and take time from her work to have such a course. This has brought into thousands of homes a better understanding of how to deal with people's moods and deviations.

Fighting tuberculosis has been part of the work of departments of health for many years, and the nation's tuberculosis work has been so soundly organized, so well financed and so competently directed that mental hygiene forces probably have got more from the antituberculosis campaign than they have given to it. On the other hand, the writer has been told by more than one physician engaged in that field of activity that not all his patients have a cheerful mood, that not all of them accept without question what the physician tells them, and that a great number of them are troubled as they face the prospect of leaving the sanatorium with its regular life, its attention to the weaknesses of the individual, and its general good management—the prospect of leaving all this and going back to make one's own way in a world where sympathy may not go very far in industrial relations, where the new employee will be expected to catch up with the old one, the world in which the wives and children have perhaps had a hard time while the patient has

been away, and in which their appeal for his maximum activity, though not made in words, is inherent in the very situation, a world in which he knows full well that he cannot compete on equal terms with those who have not been sick. The methods of the psychiatrist, therefore, are appreciated in antituberculosis work, especially when the management of the moods of the convalescent are under consideration. In many instances, the psychiatrists have helped the tuberculosis forces to know better what sort of people they are dealing with, and therefore to make better headway in getting done what is needed for their patients.

And then think of the patient who is utterly reckless and carries infection to his own children and to his neighbors and to his fellow workers. Suitable force must be used to restrain him, but the psychiatrists are often called on first to study such a person and see what they can contribute toward understanding his attitude. Occasionally, they are able to modify his attitude, and at least they can make it easier for those who have to deal with the unreasonable person by telling them more about his mental assets and liabilities.

In their efforts to assure good nutrition throughout the nation, the public health forces might be thought to deal only with the question of how to get suitable foodstuffs into all the markets from which people buy their food, but of course the problem is much less simple. Any problem of education, one may assert, is complicated by the emotional attitudes of people. There is very little difference between the taste organs of those who dote on pork and those who detest it, those who love spinach and those who loathe it, those who drink gallons of coffee and those who are upset by half a cup. Allergies complicate the problem, but allergies are only a small part of it. People have to be taught and persuaded and even cajoled into eating the right thing, for very likely they were trained in childhood to eat the wrong thing or at least the thing that is wrong when it is uncompensated by other elements. To understand the situation, the techniques of psychiatry are essential, the pleasant but searching interviews with people, the practice of going back far behind the surface to uncover the source of the prejudices both for and against different articles of food, and then some counsel on how to proceed to develop the better diet. These are applications of psychiatric practice.

Particularly when we deal with babies, does the need of psychiatric advice loom large. To be sure there are some children's agencies that avoid anything that smacks of psychiatry—unless they get it second-hand. But many a well-baby program is likely to go astray unless psychiatry in some form is invoked. Giving a prize to an idiot child is a gruesome perversion of the whole program, and any well baby is really well only if his usual re-

actions to his environment are normal, not only on the level of the autonomic and the sensory-motor systems, but also on the emotional level. The invitation to participate in such programs has come from the child welfare workers.

Last, one may consider industry, where thousands of men and women and a few children are employed. The public health authorities have great responsibilities here. Shall employees be allowed to get scorched externally at their work? Shall they carry on procedures that will slowly kill them internally? Shall toilet facilities and washrooms be adequate and clean? Shall lights be such as to make the burden on tired eyes less? Workers try to hold the participation of public authorities to some such level as this, but it is difficult to do. A psychiatric colleague of the writer's had been for years an industrial physician, and many were the personnel problems that were uncovered by him. A young woman with headaches was sure that she must give up her work, but he learned that she could work in some other department; and further probing disclosed that she could work in the same department, if only she could be under another foreman. Matters like this hardly yield themselves to inspection on the part of someone who comes to spend only a few hours in the factory, but they are matters that are interwoven with all health work. Psychiatry has been able to influence public health leaders to take an interest, not only in accident prevention and sanitation, but to some extent also in those matters that make for comfort and peace of mind. A beginning has been made, but the end is still far from sight.

In brief, then, we find that public health authorities everywhere are likely to be much interested in psychiatric principles as applied to their work, and here have been instanced matters in which public health work has been influenced by psychiatry in the rehabilitation of sick workers, in child guidance, public health nursing, tuberculosis control, venereal disease control, nutrition, well-baby campaigns, and the complicated problems of industry. By teaching a better understanding of human motives and emphasizing the best way of dealing with the human being whose welfare is sought, psychiatry has in considerable measure influenced the practice of public health.

Division of Mental Hygiene
United States Public Health Service
Washington, D. C.

PSYCHIATRY'S CONTRIBUTION TO NURSING

BY EMILY J. HICKS, R. N.

It is a privilege to join in this centennial celebration, to share the satisfaction of hard earned gains over the years and in the hopes for the future. The hospital community is to be congratulated that it has been so ably served by an institution with a progressive, purposeful and social program. May the speaker convey to the board and staffs, greetings from the distaff side of the healing professions, the New York State Nurses' Association, and heartiest wishes for the same fine measure of achievement in the next century? It is desired to add personal appreciation for the help and inspiration gained through association with staff members of this hospital. Special tribute is given to Dr. Richard Hutchings, Miss Lena Kranz and Miss Eva Schied. Their generous response at all times has placed the community greatly in their debt and has done much to promote public education in relation to the maladjusted person.

The century of accomplishment which is being marked today is one of fine ideals, strong currents, dominant personalities and a developing social conscience. It has been a century in which strong influences, independently and separately begun, have, with the ebb and flow of thought, conjoined—with the inevitable strengthening of each. Psychiatry and nursing are two outstanding examples.

Before this century began, democracy had lighted its hopeful flame in France and in the new republic of the United States. Later, Pasteur was to define democracy as "that order in the state which permits each individual to put forth his best effort." In striving for this ideal, inevitable currents have often proved too strong for men and women, to whom psychiatric institutions have been a refuge. The scientific devotion of physicians and nurses to patients in such hospitals has resulted in the enlightened care they now receive. Without fanfare or publicity, they have revolutionized the approach to one of the most difficult health problems of all time. The measure of their success may be judged by the encouraging report of the State Commission of which Homer Folks is chairman. The commission finds that for the first time in our State, there has been a decline in the number of patients admitted to State hospitals, at a time when the health and social program is the most comprehensive in our history.

There is little wonder that in this century just passed, mental disorders should have shown an increase. An expanding country, the industrial revolution, the tides of immigration, the concentration of populations, miserable housing with consequent health problems, the transition from the old to the new world with necessary adjustments in social patterns—these are only a few of the contributing factors.

Prior to 1840 and indeed for some time after, with few exceptions, the care of the mentally ill was marked by ignorance, superstition and fear. Nursing care as yet was little known for the general public, and society was convinced that these patients were paying for sins committed. The realization that society had a debt, was to come.

The century just passed has had too many wars—seven in which this country has been involved and another one which was to have a far-reaching influence, the Crimean. In this hundred years, the one social movement which stands out above all others is the rise of woman. This is important to us because nursing is primarily a woman's profession, and the stage was being set for the emergence of this new field for women when many were compelled to earn a livelihood. Came the Civil War. Women learned the value of teamwork through the organization for war relief. Physicians in the Civil War attested to the value of nursing in lowering death rates, and reports of the success of good nursing in England were reaching our shores.

The war over, women turned to the reformation of civil institutions.

Three women living at the time of the Civil War have had a profound influence upon the nursing care of patients in all types of institutions: Dorothea Dix, Florence Nightingale and Louisa Lee Schuyler. All had the courage of their convictions and in the face of bitter criticism, persisted in their determination. Miss Schuyler's leadership contributed in a very large measure in revolutionizing the care of the mentally ill. In 1872, she organized the State Charities Aid Association which has helped to place this State in the front line of social progress. One year later, she was influential in founding the first school of nursing on the Nightingale system, in this country.

It is interesting to note that in 1873 when the first class of nurses was admitted to Bellevue, there were only 149 hospitals in this country. More than one-third of them cared only for mental patients. The number of schools of nursing increased and the idea invaded hospitals for the psychotic. In 1882, Dr. Edward Cowles had opened a school at McLean Hospital.

A new concept was evolving and by the end of the nineteenth century was accepted—that patients suffering from mental conditions were no more to be blamed for their symptoms than patients with more familiar physical disorders. Slowly the influence of Miss Dix, Miss Nightingale and Miss Schuyler was merging to effect intelligent nursing care of all patients. Two of the first trained nurses in America, Linda Richards and Sara Parsons, urged reciprocity between schools of nursing in general and psychiatric hospitals.

The enactment of nurse practice laws with State supervision centered attention on the basic requirements in theory and practice for a good nurse.

Evidence of the development and change is found in the syllabuses published by the New York State Department of Education and the National League of Nursing Education.

From the first State syllabus suggesting 16 one-hour lectures by a physician, on mental and nervous diseases with no ward experience, to 1918, when affiliations with State hospital schools were strongly recommended, is a long step. By 1929, an increasing number of general hospitals was seeking this service and experience for general hospital students.

The curriculum published by the national league is more inclusive than the State minimum. The issues of 1917, 1927 and 1937 show a decided change in approach. By 1927, we read this in the league course: "The importance of nursing in mental and nervous diseases is being recognized more and more. It is now regarded as an essential part of the student's basic experience."

There began to appear, also, in State and league recommendations, outlines for courses in modern social conditions and occupational therapy. The literature was growing. Truly, psychiatrists and nursing leaders had worked to some purpose.

The 1937 revision of the league curriculum is entirely committed to the "adjustment aim—to bring into right relationship." Hence it is not surprising to find among the five objectives of the course in psychiatric nursing these broad concepts:

"To develop an appreciation of the interdependence of physical, intellectual and emotional factors characterizing an integrated personality.

"To better appreciate social problems associated with mental illness and the community facilities for dealing with these problems.

"To appreciate the nurse's responsibility in furthering a positive mental health program in the community."

Can we doubt that Dorothea Dix, Miss Nightingale, Miss Schuyler and many physicians and nurses devoted to this field, would certainly have felt that a few of the worst obstacles have been surmounted?

In the meantime, Utica State Hospital has been carrying on. Nearly 43,000 patients have been treated, a number greater than the population of Jamestown or that of Poughkeepsie. Add to these, the families of patients; and thousands of lives have been touched. It is awe-inspiring to visualize this procession of patients, whose human relationships were out of step with society, who have turned to this institution for care. Some were incurable, a large number have been rehabilitated. This specialized hospital has been a strong educational and social force in improving community health.

A review of the later reports of Utica State Hospital impresses the reader with three outstanding facts: (1) the growing sense of responsibility and

definite programs for community education; (2) the active participation in such education by members of the professional staffs; (3) the growing importance of the school and its part in spreading the gospel of mental health.

Every good school connected with a general hospital conscientiously teaches its students to consider the patient as a whole, but only through this special affiliation does the student gain the necessary skills and understanding. Utica State Hospital has accepted affiliations since 1929. One of the affiliating students has evaluated the course in these terms:

“WHAT MENTAL HYGIENE MEANS TO ME”

“At the beginning of this course Mental Hygiene was defined as a movement directed toward the scientific development of healthy, wholesome mental and physical habits in children and adults. I feel that this course has done much in fulfilling that goal. From a study of psychological makeup of individuals, I have gained insight into the reactions of normal as well as mentally sick individuals, including myself. An understanding of psychosexual development, or perhaps I should say, an *awareness* of this development necessarily increases one's sympathetic understanding of others and explains many reactions of which I have always been intolerant . . . Furthermore, this course has made me increasingly aware of the extreme importance of good child guidance. If more parents could take such a course, I am sure there would be less maladjustment and delinquency in the world. I had never stopped to think of the actual importance of security, affection and interrelationship of the family *milieu*. Mental Hygiene has aroused in me an interest in child guidance, which I am sure will make a better parent.

“It is refreshing and encouraging to be a member of a group which has a wholesome and sane point of view concerning sex life. I have found our discussion of sexual adjustment most interesting and revealing. I feel that these discussions have a most definite place in this course, and I say this with appreciation for I am one of those individuals who was brought up in an atmosphere where all such topics were taboo. As was pointed out to us in class, sex plays a very important rôle in our everyday lives, and we are all conscious of its existence whether we admit it or not. Consequently, I believe that this scientific approach to sex freed a good many not-too-wholesome repressions in this group, and I know that it gave rise to many more frank discussions among the girls, and thus erased some of the stigma attached to sexual development.

“I feel that this course is definitely valuable. It might be called a course in healthful ways of living. By making me more tolerant and by increasing my understanding of people, it has made me a better individual, a better nurse, a better potential parent, and a more valuable member of society. I intend to pursue the subject farther in the future.”

From this letter we realize how valuable an affiliation in psychiatric nursing is to student nurses. At the present time, when there is so much pressure to shorten the course in nursing, it would be tragic to eliminate this affiliation as a "frill." All of the combined thinking and influence of leaders in psychiatry and nursing will be required to prevent this loss from the course of study.

The contribution of psychiatry to nursing is manifold.

Science, research and keen interest have made psychiatry a vital force in social reforms. Nursing has gained immeasurably thereby. Psychiatry has contributed to nursing through emphasis upon the democratic ideal of the importance and dignity of the individual and his relationship to his family and community. Nursing has broadened in social concepts. The change in attitude toward mental illness is a direct result of the program of public education carried on by psychiatric leaders. Knowledge and skills gained in the care of mentally ill patients have been basic in the care of all patients. The basic nursing course has been enriched by the experience in this special field. Patients, the community and nurses have benefited from psychiatry's program to teach "healthful ways of living."

Many there are who have left their mark in the fields of psychiatry and nursing in the years gone by. May the leaders of the next century have the same courage and satisfactions!

"Wherefore, seeing we also are compassed about with so great a cloud of witnesses, let us lay aside every weight . . . and let us run with patience the race that is set before us.' Hebrews XII, 1.

152 Washington Avenue
Albany, N. Y.

PSYCHIATRY'S CONTRIBUTION TO OCCUPATIONAL THERAPY

BY VIRGINIA SCULLIN, O. T. Reg.

In surveying the early history of occupational therapy, one is impressed by the scattering of isolated efforts denoting sincere endeavor to engage mentally sick people in some kind of occupation and to surround them with a cheerful and normal atmosphere.

From Hippocrates to Galen to Tuke, on down to the nineteenth century in our own hospitals, we find that urge for this humanizing treatment expressed in various ways. Although the care of mental patients in an institution was primarily custodial and the idea of work was purely diversional and productive in purpose, there was recognized even then the value of activity for mental patients, and amateur beginnings in many hospitals testify to this conviction. These beginnings were haphazard, unsystematized and unscientific. The work was carried on by persons without training but of kind and good intent. Their efforts, however, had medical encouragement, even at their earliest date, as the physician recognized that idleness was evil and employment beneficial for the mentally ill, while at the same time he was seeking to solve problems of abnormal attitude and behavior.

Real needs and real opportunities have enabled occupational therapy to contribute to the service of psychiatry, and psychiatry has made a contribution to occupational therapy in its recognition and encouragement of this treatment as an adjunct therapy. One of the most important achievements of psychiatry has been the recognition of the underlying mechanisms in each individual. The period of descriptive psychiatry has passed, and the dynamic viewpoint is more and more accepted. Psychiatry has provided the rationale and the psychological basis for the scientific procedure in evolving this program of normalizing activities for the definite benefit of the patient.

In speaking of occupational therapy's rôle for the psychotic individual and taking into consideration the science of human behavior applied to the patient's drives and reactions, Dr. Adolf Meyer has observed: "Mistakes become damage and damage becomes disease and disease in turn has to be brought back where it is treated as poor work to be replaced by good and helpful work." This, then, is the field of occupational therapy. Its function is not the mere turning out of a mass of stereotyped articles or subjecting the patient to aimless activity. It is a releasing, an implanting and a fostering force with the resultant reward and joy of achievement.

The psychiatrist works directly with his patient and looks for results in the human material with which he is concerned. He also works indirectly with the patient through his therapeutic aides who become his psychiatric assistants. They develop deliberately planned means of creating factors for

the adjustment of the patient to his environment and provide satisfactory outlets for his interest, dissociated from his abnormal symptoms. Occupational therapy may therefore be defined as the art and science of organized work, exercise and play, prescribed for the purpose of hastening recovery from illness and of creating and maintaining interest in normal activity. Practically, it includes all handcrafts from simple stitchery to skilled techniques, such as woodcarving and jewelry. Physical training is comprised of all graded calisthenics, folk dancing and free play; it utilizes competitive games, such as baseball, bowling and shuffleboard. The library and recreations for the patients of the institution also come under the direction of this department, with the socializing features of parties, dramatics and music.

Hand in hand with the evolution of psychiatry, there has been stimulated and further developed other adjunct therapies which aid in the solution of the problem of mental illness and the treatment of disordered minds. The development of nursing procedures, the expansion of the social service program and the further extension of occupational therapy facilities and techniques have all been contributed to by psychiatry with each forward step.

It must be emphasized that the patient is the most important person in the hospital. It has been well said, "Remember perspective, large things are large but small things are also large if seen close up." With great numbers of patients in our mental hospitals it is arresting to contemplate a therapeutic procedure of which the ideal is to help the individual and of which the capacities are such that the unified program of work, exercise and play may reach every available patient in the institution. This tremendous reservoir of normalizing and socializing activities in a well-organized and well-balanced program is at the disposal of the doctor for the motivation and the treatment of the patients.

The value of the many-sided interests of the department should be emphasized, as well as its function of redistributing and redirecting interest and energy by supplying means of accomplishing something concrete while acquiring mental and physical satisfaction. It offers opportunities for the patient to help himself and holds forth inducements of graded activities from elementary to highly skilled procedures. Because of the basic psychological principles of satisfying accomplishment and appreciation, the patient is made to feel secure within his capacity and to maintain this security while progressing to higher levels of performance and confidence. Acting subtly, it is one of psychiatry's most useful handmaids in seeking out, getting to know, and gaining the confidence of, the patient.

The patient is in the hospital because he is sick. He has withdrawn from or been taken from his normal surroundings and family. The occupational therapy department endeavors to maintain activities for the patient within

the institution which give a semblance of a normal environment and of reality, to supply that needed encouragement to which Hippocrates refers as "the support of enfeebled nature." Thus, as Dr. Leland Hinsie pointed out, by substitution and by manipulation the doctor may prescribe a treatment of handwork, recreation, and physical training which will give normal emotional outlets and arouse and maintain interest in the surroundings. It is recognized, on the other hand, that enforced idleness of patients on wards is an important cause and not an effect of the regression of patients. Habit training with this group of patients who present disorganized habits is a vital function of the program.

The psychiatrist who is alive to the potentialities of the psychotherapeutic basis of occupational treatment, will find that he has at his disposal an instrument of fine perceptions. This treatment is elemental and is as solid and real as the primitive urges of man—to work with the hands, coordinating mind and body. Nevertheless, it requires the directing influence of the psychiatrist to recognize and to evaluate properly the reactions of the patient. It also needs his medical supervision and encouragement for the help of both the patient and the therapist.

In prescribing occupational therapy to the patient then, the doctor is entrusting to the therapist the opportunity of contributing to the present and future welfare of an individual. He is relying upon her judgment and skills, to be applied with scientific knowledge and sincerity for the patient's benefit. Individuals may differ in their attitudes and reactions as developed by the impact of the circumstances of their lives upon their constitutional makeups. One cannot establish a uniform pattern of normal or abnormal thought and reaction, nor can one develop a universal rule in applying occupational therapy, or a standardized method of gaining contact and of gaining the interest of a sick and maladjusted personality.

The period of pioneering is over, and this profession continues to advance. This has come about as a consequence of the higher standards of professional training which are being developed and the more meticulous selection of student therapists. With this advance, a sharp cleavage between the untrained or subprofessional group of workers and the professionally-trained occupational therapist is becoming obvious. In the period of development, the untrained worker has rendered yeoman service in the intelligent and kindly handling of large groups of patients in diversional and useful occupations. The splendid human personalities and the natural adaptation of this group of workers, with their genuine interest in the patients, have contributed beyond measure and must never be underestimated. However, the future specialized and scientific development of occupational therapy rests

with those therapists who, after selection because of personality and aptitudes, have completed courses of professional training in psychiatric occupational therapy.

Dr. H. Beckett Lang, in his paper on "Additional Functional Values in Occupational Therapy," has pointed out its worth as a diagnostic aid to the psychiatrist, and has stressed the need of highly-trained personnel to formulate handicap levels and tolerance limitations, to ascertain work skills and talents, and to recognize emotional and motor limitations in the patients. Specialized training is necessary, if occupational therapy is to maintain itself as a sound therapeutic assistant in the field of psychiatry.

Although the first training of occupational therapists was begun in Illinois and the first beginnings of the recognized profession were carried on in that state, it was not long before New York State grasped the opportunity of obtaining for its multitude of mental patients this most logical and far-reaching treatment.

The commission which had jurisdiction over the State hospitals of that day, 1922, composed of Dr. C. Floyd Haviland, Miss Harriet May Mills and Arleigh D. Richardson, should be ever remembered and thanked for its far-seeing and progressive step in obtaining the services of our late well-beloved leader, Mrs. Eleanor Clarke Slagle. They induced her to come to this State where our patients have benefited directly and where our hospitals became the actual laboratories for the unfolding growth and development of occupational therapy.

It is interesting to remember that, in this connection, the tremendous stirring of social consciousness which brought to the fore such leaders as Jane Addams and Julia Lathrop for their great service to the unfortunate, also gave to Mrs. Slagle her impetus to pioneer this practically new field. With the help and guidance of the renowned psychiatrist, Dr. Adolf Meyer, with whom she worked in Chicago and also in the Phipps Clinic in Baltimore, Mrs. Slagle was quick to grasp the opportunity and to realize the potentialities of, and the great need for, positive therapeutic activities to be used for mentally sick people.

The unified program of work, physical training and recreation which now is carried on in all our State institutions as a treatment procedure testifies to the ground work which was so well laid, and to an organization which serves as a model of balanced activity for the mentally sick throughout the world.

Among Mrs. Slagle's most treasured possessions was a bound volume of the original edition of a small magazine called "The Opal." This was printed for, and by the patients in Utica State Hospital many years ago. This project, a forerunner of occupational therapy, is one of the first re-

corded in this State of beneficial, directed and sustained work by patients. The very fact of its existence showed the need for the organized program.

The writer has been most happy to participate in the centennial celebration of Utica State Hospital. It is inspiring to contemplate the tremendous strides which psychiatry has made during this century. It is gratifying to know occupational therapy is an integral adjunct therapy which has been fostered by psychiatry and developed as an aid to the psychiatrist in his treatment of the mentally ill. Thus, it may repay its debt in part to psychiatry, which has contributed the rationale and the psychological basis for the scientific procedures entailed in the practice of occupational therapy.

Pilgrim State Hospital
West Brentwood, N. Y.

THE CONTRIBUTION OF PSYCHIATRY TO SOCIAL WORK

BY HESTER B. CRUTCHER

The profession of social work, in its effort to develop skills in helping both groups and individuals, has always drawn freely from the accumulated knowledge of other fields. Most prominent among these fields are:

1. Sociology, from which the knowledge of group and racial cultures, as well as of group and racial behavior, has supplied a broad basis for the understanding of the individual in terms of his social heritage and his present environment.
2. Economics, from which social work has learned the ways in which changes in industry, employment and general financial pressures affect individuals and groups.
3. Psychology, from which social work has learned many things—among the most useful of these, certain criteria of measurement of the individual personality and intellectual equipment. The social worker today feels much more secure when he has the results of some of these objective measurements as a background for work with a particularly baffling individual problem.
4. Medicine, the broad field from which social work has drawn most freely. An understanding of the manifestations of various illnesses and their effects upon the individual are essential if wise plans are to be worked out with those who are affected by the illnesses of the persons in question. From psychiatry, one of the most recently developed, but one of the most important, branches of medicine, social work has acquired both understanding of the individual and skills in helping him find satisfactions in life which are essential for his adjustment. It is this skill in helping each person to develop according to his capacities and needs which has accounted for much of the progress of social work in recent years.

In looking over the history of social work, one is astonished at the developments that have taken place in the last 25 years, developments which coincide almost exactly with the rapid development of extramural psychiatry. One can see the influence of psychiatry upon social work which has enabled social work to develop a service in diversified fields and serve a relatively large number of individuals.

What are some of these contributions that social work has taken from psychiatry in order to improve its services and increase its usefulness in the past quarter of a century? One of the most important, probably, is that of the diagnostic criteria offered by psychiatry. One understands the individual, with his intellectual and emotional limitations, to a far greater extent than formerly, because of the psychiatric interpretation of the mech-

anisms which are back of the individual behavior. It is particularly valuable for the social worker to realize the limitations of those with whom he works so that a person will not be faced with pressures which he cannot endure. The social worker understands that because of intellectual limitations, certain persons can never be expected to achieve much in school or be trained in various highly skilled trades or professions, and he also understands the emotional limitations which, perhaps, are far more handicapping to the individual than his intellectual limitations. These emotions, which keep a person chained in a vicious circle of anxieties, phobias and other neurotic manifestations, are now understood; and the individual, instead of being reasoned with or scolded or urged to do things which he cannot do, is helped to obtain treatment and to find increasing satisfactions in life as his symptoms decrease.

Another contribution from psychiatry to social work is the light it sheds upon an individual as a personality with his own individual needs. Social workers, in the not too remote past, have been known to assume that with the supplying of certain obvious needs to a person, he should find satisfaction and comfort in life. The fact that a particular individual might not be able to accept what the social worker could offer in the way of this kind of help had not been understood. One person's needs might be so great on the psychological level that until these needs could be satisfied to some extent, nothing satisfying could be provided for that client. These were factors which were too often overlooked or not understood before psychiatry had shared its understanding of the individual and its respect for his emotional needs, an understanding which enabled the social worker to accept the individual as he is and help him find his life satisfactions in his own way.

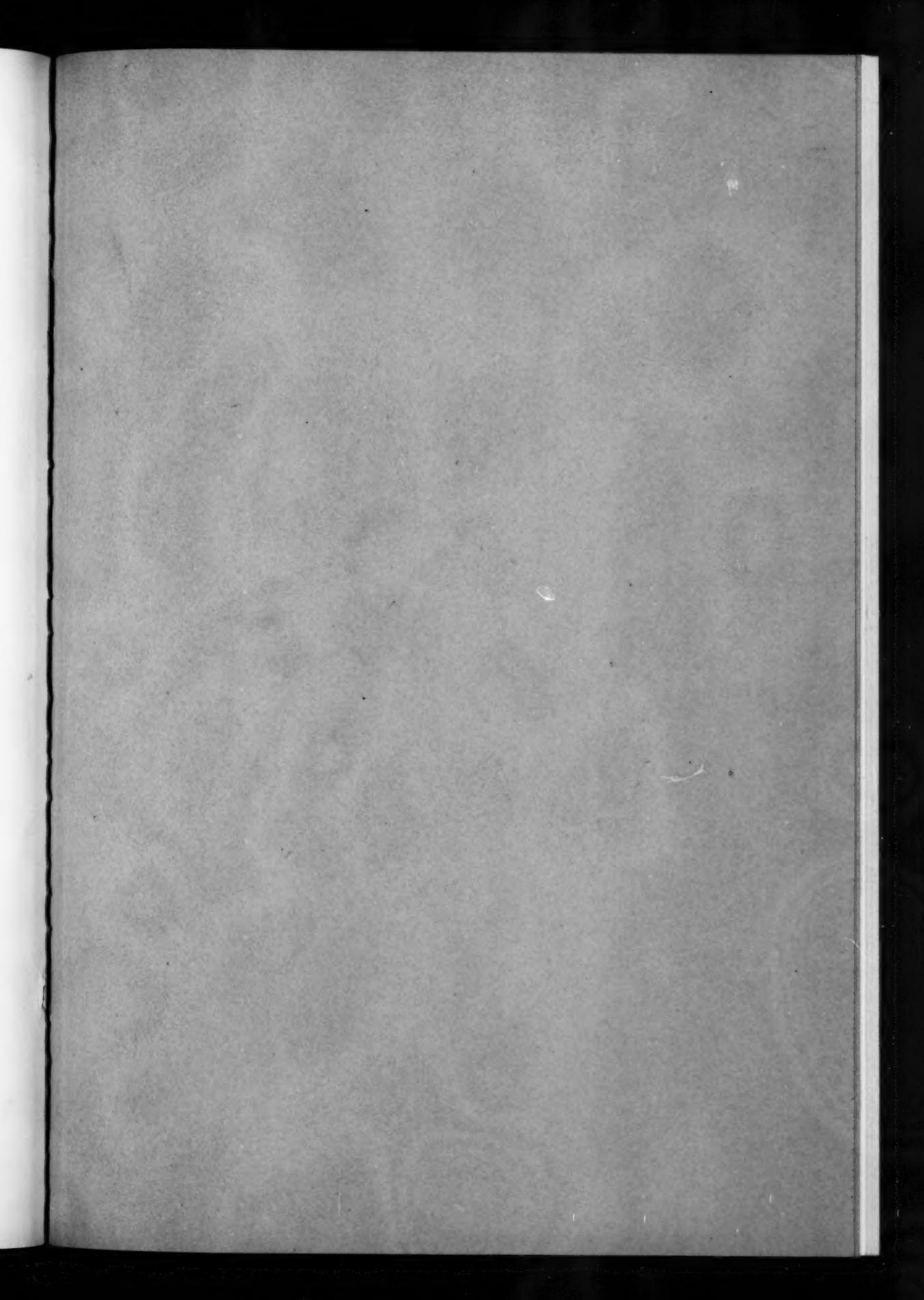
Another contribution which has come from psychiatry, is an understanding of the importance of family relationships and what these have meant in each person's life. The Freudian theories contributed a profound understanding of the force of the family situation in shaping each individual personality. The importance of wholesome family relationships and ways and means for helping persons to develop constructive attitudes toward various members of the family offered a broader and more rational approach to the social worker in meeting the client's problems.

All of the foregoing points lead to the fact that psychiatry has contributed a basic understanding as to why a person behaves as he does—and as to what he needs to make his behavior more acceptable both to himself and others. With this appreciation of why personality problems have developed, ways and means to help the individual overcome his difficulties and find a more wholesome pattern can be logically worked out.

Last but not least, from psychiatry, the social worker has gained a certain understanding of himself and of how his own needs may help or impede the client's progress. This gives to the social worker an objectivity in working with clients which enables him to carry on with the client, in spite of the various emotional difficulties which may appear.

These points cover some of the knowledge contributed by psychiatry that has now been included in the basic training of all social workers. With this knowledge, the social worker has been able to develop a professional skill in helping the individual to function as comfortably and as efficiently as his mental limitation permits amid the pressure of his ever-changing environment.

New York State Department of Mental Hygiene
Albany, N. Y.



THE PSYCHIATRIC QUARTERLY SUPPLEMENT

JANUARY, 1943

Vol. 17 No. 1

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